



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB4302

Introduced 1/16/2024, by Rep. Paul Jacobs

SYNOPSIS AS INTRODUCED:

See Index

Creates the Illinois Abortion Law of 2024, with provisions similar to those of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as including provisions defining "viability" and "fetal heartbeat" and restricting the performance of an abortion to a patient who resides in the State. Creates the Partial-Birth Abortion Ban Act of 2024 and the Abortion Performance Refusal Act of 2024, with provisions similar to those of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Creates the Parental Notice of Abortion Act of 2024, with provisions similar to those of the Parental Notice of Abortion Act of 1995 before its repeal by Public Act 102-685. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Acts 101-13 and 102-1117. Repeals the Reproductive Health Act, the Abortion Care Clinical Training Program Act, the Lawful Health Care Activity Act, the Protecting Reproductive Health Care Services Act, and the Youth Health and Safety Act. Effective immediately.

LRB103 35621 LNS 65695 b

1 AN ACT concerning abortion.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Article 1.

5 Section 1-1. Short title. This Article shall be known and
6 may be cited as the Illinois Abortion Law of 2024. References
7 in this Article to "this Law" mean this Article.

8 Section 1-5. Definitions. Unless the language or context
9 clearly indicates a different meaning is intended, the
10 following words or phrases for the purpose of this Law shall be
11 given the meaning ascribed to them:

12 "Abortifacient" means any instrument, medicine, drug, or
13 any other substance or device which is known to cause fetal
14 death when employed in the usual and customary use for which it
15 is manufactured, whether the fetus is known to exist when such
16 substance or device is employed.

17 "Abortion" means the use of any instrument, medicine,
18 drug, or any other substance or device to terminate the
19 pregnancy of a woman known to be pregnant with an intention
20 other than to increase the probability of a live birth, to
21 preserve the life or health of the child after live birth, or
22 to remove a dead fetus.

1 "Born alive", "live born", and "live birth", when applied
2 to an individual organism of the species homo sapiens, each
3 mean he or she was completely expelled or extracted from his or
4 her mother and after such separation breathed or showed
5 evidence of the beating of the heart, pulsation of the
6 umbilical cord, or definite movement of voluntary muscles,
7 irrespective of the duration of pregnancy and whether the
8 umbilical cord has been cut or the placenta is attached.

9 "Department" means the Department of Public Health.

10 "Fertilization" and "conception" each mean the
11 fertilization of a human ovum by a human sperm, which shall be
12 deemed to have occurred at the time when it is known a
13 spermatozoon has penetrated the cell membrane of the ovum.

14 "Fetal heartbeat" means cardiac activity or the steady and
15 repetitive rhythmic contraction of the fetal heart within the
16 gestational sac.

17 "Fetus" and "unborn child" each mean an individual
18 organism of the species homo sapiens from fertilization until
19 live birth.

20 "Physician" means any person licensed to practice medicine
21 in all its branches under the Medical Practice Act of 1987.

22 "Viability" means either:

23 (1) that stage of fetal development when, in the
24 medical judgment of the attending physician based on the
25 particular facts of the case before the attending
26 physician, there is a reasonable likelihood of sustained

1 survival of the fetus outside the womb, with or without
2 artificial support; or

3 (2) when, in the medical judgment of the attending
4 physician based on the particular facts of the case before
5 the attending physician, the unborn child has a fetal
6 heartbeat.

7 Section 1-10. Medical Judgment. No abortion shall be
8 performed except by a physician after either (i) he or she
9 determines that, in his or her best clinical judgment, the
10 abortion is necessary, or (ii) he or she receives a written
11 statement or oral communication by another physician,
12 hereinafter called the "referring physician", certifying that
13 in the referring physician's best clinical judgment the
14 abortion is necessary. Any person who intentionally or
15 knowingly performs an abortion contrary to the requirements of
16 this Section commits a Class 2 felony.

17 Section 1-15. When an abortion may be performed.

18 (a) When the fetus is viable no abortion shall be
19 performed unless in the medical judgment of the attending or
20 referring physician, based on the particular facts of the case
21 before him or her, it is necessary to preserve the life or
22 health of the mother. Intentional, knowing, or reckless
23 failure to conform to the requirements of this subsection is a
24 Class 2 felony.

1 (b) When the fetus is viable the physician shall certify
2 in writing, on a form prescribed by the Department under
3 Section 1-25, the medical indications which, in his or her
4 medical judgment based on the particular facts of the case
5 before him or her, warrant performance of the abortion to
6 preserve the life or health of the mother.

7 Section 1-20. Requirements for performing abortion.

8 (a) Any physician who intentionally performs an abortion
9 when, in his or her medical judgment based on the particular
10 facts of the case before him or her, there is a reasonable
11 likelihood of sustained survival of the fetus outside the
12 womb, with or without artificial support, shall utilize that
13 method of abortion which, of those he or she knows to be
14 available, is in his or her medical judgment most likely to
15 preserve the life and health of the fetus.

16 The physician shall certify in writing, on a form
17 prescribed by the Department under Section 1-25, the available
18 methods considered and the reasons for choosing the method
19 employed.

20 Any physician who intentionally, knowingly, or recklessly
21 violates the provisions of this subsection commits a Class 3
22 felony.

23 (b) No abortion shall be performed or induced when the
24 fetus is viable unless there is in attendance a physician
25 other than the physician performing or inducing the abortion

1 who shall take control of and provide immediate medical care
2 for any child born alive as a result of the abortion. This
3 requirement shall not apply when, in the medical judgment of
4 the physician performing or inducing the abortion based on the
5 particular facts of the case before him or her, there exists a
6 medical emergency; in such a case, the physician shall
7 describe the basis of this judgment on the form prescribed by
8 Section 1-25. Any physician who intentionally performs or
9 induces such an abortion and who intentionally, knowingly, or
10 recklessly fails to arrange for the attendance of such a
11 second physician in violation of this subsection commits a
12 Class 3 felony.

13 Subsequent to the abortion, if a child is born alive, the
14 physician required by this subsection to be in attendance
15 shall exercise the same degree of professional skill, care,
16 and diligence to preserve the life and health of the child as
17 would be required of a physician providing immediate medical
18 care to a child born alive in the course of a pregnancy
19 termination which was not an abortion. Any such physician who
20 intentionally, knowingly, or recklessly violates this
21 subsection commits a Class 3 felony.

22 (c) The law of this State shall not be construed to imply
23 that any living individual organism of the species homo
24 sapiens who has been born alive is not an individual under the
25 Criminal Code of 1961 or Criminal Code of 2012.

26 (d) Any physician who intentionally performs an abortion

1 when, in his or her medical judgment based on the particular
2 facts of the case before him or her, there is a reasonable
3 possibility of sustained survival of the fetus outside the
4 womb, with or without artificial support, shall utilize that
5 method of abortion which, of those he or she knows to be
6 available, is in his or her medical judgment most likely to
7 preserve the life and health of the fetus.

8 The physician shall certify in writing, on a form
9 prescribed by the Department under Section 1-25, the available
10 methods considered and the reasons for choosing the method
11 employed.

12 Any physician who intentionally, knowingly, or recklessly
13 violates the provisions of this subsection commits a Class 3
14 felony.

15 (e) Nothing in Section requires a physician to employ a
16 method of abortion which, in the medical judgment of the
17 physician performing the abortion based on the particular
18 facts of the case before him or her, would increase medical
19 risk to the mother.

20 (f) When the fetus is viable and when there exists
21 reasonable medical certainty (i) that the particular method of
22 abortion to be employed will cause organic pain to the fetus,
23 and (ii) that use of an anesthetic or analgesic would abolish
24 or alleviate organic pain to the fetus caused by the
25 particular method of abortion to be employed, then the
26 physician who is to perform the abortion or his or her agent or

1 the referring physician or his or her agent shall inform the
2 woman upon whom the abortion is to be performed that such an
3 anesthetic or analgesic is available, if he or she knows it to
4 be available, for use to abolish or alleviate organic pain
5 caused to the fetus by the particular method of abortion to be
6 employed. Any person who performs an abortion with knowledge
7 that any such reasonable medical certainty exists and that
8 such an anesthetic or analgesic is available, and
9 intentionally fails to so inform the woman or to ascertain
10 that the woman has been so informed commits a Class B
11 misdemeanor. The foregoing requirements of this subsection
12 shall not apply (i) when in the medical judgment of the
13 physician who is to perform the abortion or the referring
14 physician based upon the particular facts of the case before
15 him or her (1) there exists a medical emergency or (2) the
16 administration of such an anesthetic or analgesic would
17 decrease a possibility of sustained survival of the fetus
18 apart from the body of the mother, with or without artificial
19 support, or (ii) when the physician who is to perform the
20 abortion administers an anesthetic or an analgesic to the
21 woman or the fetus and he or she knows there exists reasonable
22 medical certainty that such use will abolish organic pain
23 caused to the fetus during the course of the abortion.

24 (g) No person shall sell or experiment upon a fetus
25 produced by the fertilization of a human ovum by a human sperm
26 unless such experimentation is therapeutic to the fetus

1 thereby produced. Intentional violation of this subsection is
2 a Class A misdemeanor. Nothing in this subsection is intended
3 to prohibit the performance of in vitro fertilization.

4 (h) No person shall intentionally perform an abortion with
5 knowledge that the pregnant woman is seeking the abortion
6 solely on account of the sex of the fetus. Nothing in this
7 subsection shall be construed to proscribe the performance of
8 an abortion on account of the sex of the fetus because of a
9 genetic disorder linked to that sex. If the application of
10 this subsection to the period of pregnancy prior to viability
11 is held invalid, then such invalidity shall not affect its
12 application to the period of pregnancy subsequent to
13 viability.

14 (i) No person shall intentionally perform an abortion on a
15 pregnant woman in this State unless the pregnant woman is a
16 resident of this State. The pregnant woman shall provide photo
17 identification on site demonstrating that her residential
18 address is in this State. A patient who obtains an abortion in
19 violation of this subsection is guilty of a Class 4 felony. A
20 physician who violates this subsection shall have his or her
21 medical license suspended for 5 years following the violation.

22 Section 1-25. Reporting. A report of each abortion
23 performed shall be made to the Department on forms prescribed
24 by it. Such report forms shall not identify the patient by
25 name, but by an individual number to be noted in the patient's

1 permanent record in the possession of the physician, and shall
2 include information concerning the:

3 (1) identification of the physician who performed the
4 abortion and the facility where the abortion was performed
5 and a patient identification number;

6 (2) State in which the patient resides;

7 (3) patient's date of birth, race, and marital status;

8 (4) number of prior pregnancies;

9 (5) date of last menstrual period;

10 (6) type of abortion procedure performed;

11 (7) complications and whether the abortion resulted in
12 a live birth;

13 (8) date the abortion was performed;

14 (9) medical indications for any abortion performed
15 when the fetus was viable;

16 (10) information required by subsections (a) and (d)
17 of Section 1-20, if applicable;

18 (11) basis for any medical judgment that a medical
19 emergency existed when required under subsections (b) and
20 (f) of Section 1-20 and when required to be reported in
21 accordance with this Section by any provision of this Law;
22 and

23 (12) pathologist's test results pursuant to Section
24 1-45.

25 Such form shall be completed by the hospital or other
26 licensed facility, signed by the physician who performed the

1 abortion or pregnancy termination, and transmitted to the
2 Department not later than 10 days following the end of the
3 month in which the abortion was performed.

4 If a complication of an abortion occurs or becomes known
5 after submission of such form, a correction using the same
6 patient identification number shall be submitted to the
7 Department within 10 days of its becoming known.

8 The Department may prescribe rules regarding the
9 administration of this Law and shall prescribe rules to secure
10 the confidentiality of the woman's identity in the information
11 to be provided under the Vital Records Act. All reports
12 received by the Department shall be treated as confidential
13 and the Department shall secure the woman's anonymity. Such
14 reports shall be used only for statistical purposes.

15 Upon 30 days public notice, the Department is empowered to
16 require reporting of any additional information which, in the
17 sound discretion of the Department, is necessary to develop
18 statistical data relating to the protection of maternal or
19 fetal life or health, is necessary to enforce the provisions
20 of this Law, or is necessary to develop useful criteria for
21 medical decisions. The Department shall annually report to the
22 General Assembly all statistical data gathered under this Law
23 and its recommendations to further the purpose of this Law.

24 The requirement for reporting to the General Assembly
25 shall be satisfied by filing copies of the report as required
26 by Section 3.1 of the General Assembly Organization Act, and

1 filing such additional copies with the State Government Report
2 Distribution Center for the General Assembly as is required
3 under paragraph (t) of Section 7 of the State Library Act.

4 Section 1-30. Reporting complications resulting from
5 abortion. Any physician who diagnoses a woman as having
6 complications resulting from an abortion shall report, within
7 a reasonable period of time, the diagnosis and a summary of her
8 physical symptoms to the Department in accordance with
9 procedures and upon forms required by the Department. The
10 Department shall define the complications required to be
11 reported by rule. The complications defined by rule shall be
12 those which, according to contemporary medical standards, are
13 manifested by symptoms with severity equal to or greater than
14 hemorrhaging requiring transfusion, infection, incomplete
15 abortion, or punctured organs. If the physician making the
16 diagnosis of a complication knows the name or location of the
17 facility where the abortion was performed, he or she shall
18 report such information to the Department.

19 Any physician who intentionally violates this Section
20 shall be subject to revocation of his or her license pursuant
21 to paragraph (22) of Section 22 of the Medical Practice Act of
22 1987.

23 Section 1-35. Violations.

24 (a) Any person who intentionally violates any provision of

1 this Law commits a Class A misdemeanor unless a specific
2 penalty is otherwise provided. Any person who intentionally
3 falsifies any writing required by this Law commits a Class A
4 misdemeanor.

5 Intentional, knowing, reckless, or negligent violations of
6 this Law shall constitute unprofessional conduct which causes
7 public harm under Section 22 of the Medical Practice Act of
8 1987, Section 70-5 of the Nurse Practice Act, and Section 21 of
9 the Physician Assistant Practice Act of 1987.

10 Intentional, knowing, reckless, or negligent violations of
11 this Law will constitute grounds for refusal, denial,
12 revocation, suspension, or withdrawal of license, certificate,
13 or permit under Section 30 of the Pharmacy Practice Act,
14 Section 7 of the Ambulatory Surgical Treatment Center Act, and
15 Section 7 of the Hospital Licensing Act.

16 (b) Any hospital or licensed facility which, or any
17 physician who intentionally, knowingly, or recklessly fails to
18 submit a complete report to the Department in accordance with
19 the provisions of Section 1-25 and any person who
20 intentionally, knowingly, recklessly, or negligently fails to
21 maintain the confidentiality of any reports required under
22 this Law or reports required by Section 1-30 or 1-45 commits a
23 Class B misdemeanor.

24 (c) Any person who sells any drug, medicine, instrument,
25 or other substance which he or she knows to be an abortifacient
26 and which is in fact an abortifacient, unless upon

1 prescription of a physician, is guilty of a Class B
2 misdemeanor. Any person who prescribes or administers any
3 instrument, medicine, drug, or other substance or device,
4 which he or she knows to be an abortifacient, and which is in
5 fact an abortifacient, and intentionally, knowingly, or
6 recklessly fails to inform the person for whom it is
7 prescribed or upon whom it is administered that it is an
8 abortifacient commits a Class C misdemeanor.

9 (d) Any person who intentionally, knowingly, or recklessly
10 performs upon a woman what he or she represents to that woman
11 to be an abortion when he or she knows or should know that she
12 is not pregnant commits a Class 2 felony and shall be
13 answerable in civil damages equal to 3 times the amount of
14 proved damages.

15 Section 1-40. Referral fee.

16 (a) The payment or receipt of a referral fee in connection
17 with the performance of an abortion is a Class 4 felony.

18 (b) For purposes of this Section, "referral fee" means the
19 transfer of anything of value between a doctor who performs an
20 abortion or an operator or employee of a clinic at which an
21 abortion is performed and the person who advised the woman
22 receiving the abortion to use the services of that doctor or
23 clinic.

24 Section 1-45. Gross and microscopic analysis and tissue

1 report. The dead fetus and all tissue removed at the time of
2 abortion shall be submitted for a gross and microscopic
3 analysis and tissue report to a board eligible or certified
4 pathologist as a matter of record in all cases. The results of
5 the analysis and report shall be given to the physician who
6 performed the abortion within 7 days of the abortion and such
7 physician shall report any complications relevant to the
8 woman's medical condition to his or her patient within 48
9 hours of receiving a report, if possible. Any evidence of live
10 birth or of viability shall be reported within 7 days, if
11 possible, to the Department by the pathologist. Intentional
12 failure of the pathologist to report any evidence of live
13 birth or of viability to the Department is a Class B
14 misdemeanor.

15 Section 1-50. Use of tissues or cells. Nothing in this Law
16 shall prohibit the use of any tissues or cells obtained from a
17 dead fetus or dead premature infant whose death did not result
18 from an induced abortion, for therapeutic purposes or
19 scientific, research, or laboratory experimentation, as long
20 as the written consent to such use is obtained from one of the
21 parents of such fetus or infant.

22 Section 1-55. No requirement to perform abortion. No
23 physician, hospital, ambulatory surgical center, nor employee
24 thereof, shall be required against his, her, or its conscience

1 declared in writing to perform, permit, or participate in any
2 abortion, and the failure or refusal to do so shall not be the
3 basis for any civil, criminal, administrative, or disciplinary
4 action, proceeding, penalty, or punishment. If any request for
5 an abortion is denied, the patient shall be promptly notified.

6 Section 1-60. Severability; effective dates.

7 (a) If any provision, word, phrase, or clause of this Law
8 or the application thereof to any person or circumstance shall
9 be held invalid, such invalidity shall not affect the
10 provisions, words, phrases, clauses, or application of this
11 Law which can be given effect without the invalid provision,
12 word, phrase, clause, or application, and to this end the
13 provisions, words, phrases, and clauses of this Law are
14 declared to be severable.

15 (b) Within 60 days from the effective date of this Law, the
16 Department shall issue rules pursuant to Section 1-25. Insofar
17 as Section 1-25 requires registration under the Vital Records
18 Act, it shall not take effect until such rules are issued. The
19 Department shall make available the forms required under
20 Section 1-25 within 30 days of the effective date of this Law.
21 No requirement that any person report information to the
22 Department shall become effective until the Department has
23 made available the forms required under Section 1-25.

24

Article 2.

1 Section 2-1. Short title. This Article may be cited as the
2 Partial-Birth Abortion Ban Act of 2024. References in this
3 Article to "this Act" mean this Article.

4 Section 2-5. Definitions. As used in this Act:

5 "Fetus" and "infant" are used interchangeably to refer to
6 the biological offspring of human parents.

7 "Partial-birth abortion" means an abortion in which the
8 person performing the abortion partially vaginally delivers a
9 living human fetus or infant before killing the fetus or
10 infant and completing the delivery.

11 Section 2-10. Partial-birth abortions prohibited. Any
12 person who knowingly performs a partial-birth abortion and
13 thereby kills a human fetus or infant is guilty of a Class 4
14 felony. This Section does not apply to a partial-birth
15 abortion that is necessary to save the life of a mother because
16 her life is endangered by a physical disorder, physical
17 illness, or physical injury, including a life-endangering
18 condition caused by or arising from the pregnancy itself, as
19 long as no other medical procedure would suffice for that
20 purpose.

21 Section 2-15. Civil action. The maternal grandparents of
22 the fetus or infant, if the mother has not attained the age of

1 18 years at the time of the abortion, may in a civil action
2 obtain appropriate relief unless the pregnancy resulted from
3 the plaintiff's criminal conduct or the plaintiff consented to
4 the abortion. The relief shall include money damages for all
5 injuries, psychological and physical, occasioned by the
6 violation of this Act and statutory damages equal to 3 times
7 the cost of the partial-birth abortion.

8 Section 2-20. Prosecution of woman prohibited. A woman on
9 whom a partial-birth abortion is performed may not be
10 prosecuted under this Act, for a conspiracy to violate this
11 Act, or for an offense under Article 31 of the Criminal Code of
12 1961 or Criminal Code of 2012 based on a violation of this Act,
13 nor may she be held accountable under Article 5 of the Criminal
14 Code of 1961 or Criminal Code of 2012 for an offense based on a
15 violation of this Act.

16 Article 3.

17 Section 3-1. Short title. This Article may be cited as the
18 Abortion Performance Refusal Act of 2024. References in this
19 Article to "this Act" mean this Article.

20 Section 3-5. Recommendation, performance, or assistance in
21 performance of abortion not required.

22 (a) No physician, nurse or other person who refuses to

1 recommend, perform, or assist in the performance of an
2 abortion, whether such abortion is a crime, shall be liable to
3 any person for damages allegedly arising from such refusal.

4 (b) No hospital that refuses to permit the performance of
5 an abortion upon its premises, whether such abortion is a
6 crime, shall be liable to any person for damages allegedly
7 arising from such refusal.

8 (c) Any person, association, partnership, or corporation
9 that discriminates against another person in any way,
10 including, but not limited to, hiring, promotion, advancement,
11 transfer, licensing, granting of hospital privileges, or staff
12 appointments, because of that person's refusal to recommend,
13 perform, or assist in the performance of an abortion, whether
14 such abortion is a crime, shall be answerable in civil damages
15 equal to 3 times the amount of proved damages, but in no case
16 less than \$2,000.

17 (d) The license of any hospital, doctor, nurse, or any
18 other medical personnel shall not be revoked or suspended
19 because of a refusal to permit, recommend, perform, or assist
20 in the performance of an abortion.

21 Article 4.

22 Section 4-1. Short title. This Act may be cited as the
23 Parental Notice of Abortion Act of 2024. References in this
24 Article to "this Act" mean this Article.

1 Section 4-5. Legislative findings and purpose. The General
2 Assembly finds that notification of a family member as defined
3 in this Act is in the best interests of an unemancipated minor,
4 and the General Assembly's purpose in enacting this parental
5 notice law is to further and protect the best interests of an
6 unemancipated minor.

7 The medical, emotional, and psychological consequences of
8 abortion are sometimes serious and long-lasting, and immature
9 minors often lack the ability to make fully informed choices
10 that consider both the immediate and long-range consequences.

11 Parental consultation is usually in the best interests of
12 the minor and is desirable since the capacity to become
13 pregnant and the capacity for mature judgment concerning the
14 wisdom of an abortion are not necessarily related.

15 Section 4-10. Definitions. As used in this Act:

16 "Abortion" means the use of any instrument, medicine,
17 drug, or any other substance or device to terminate the
18 pregnancy of a woman known to be pregnant with an intention
19 other than to increase the probability of a live birth, to
20 preserve the life or health of a child after live birth, or to
21 remove a dead fetus.

22 "Actual notice" means the giving of notice directly, in
23 person, or by telephone.

24 "Adult family member" means a person over 21 years of age

1 who is the parent, grandparent, stepparent living in the
2 household, or legal guardian.

3 "Constructive notice" means notice by certified mail to
4 the last known address of the person entitled to notice with
5 delivery deemed to have occurred 48 hours after the certified
6 notice is mailed.

7 "Incompetent" means any person who has been adjudged as
8 mentally ill or as a person with a developmental disability
9 and who, because of mental illness or developmental
10 disability, is not fully able to manage oneself and for whom a
11 guardian of the person has been appointed under paragraph (1)
12 of subsection (a) of Section 11a-3 of the Probate Act of 1975.

13 "Medical emergency" means a condition that, on the basis
14 of the physician's good faith clinical judgment, so
15 complicates the medical condition of a pregnant woman as to
16 necessitate the immediate abortion of her pregnancy to avert
17 her death or for which a delay will create serious risk of
18 substantial and irreversible impairment of major bodily
19 function.

20 "Minor" means any person under 18 years of age who is not
21 or has not been married or who has not been emancipated under
22 the Emancipation of Minors Act.

23 "Neglect" means the failure of an adult family member to
24 supply a child with necessary food, clothing, shelter, or
25 medical care when reasonably able to do so or the failure to
26 protect a child from conditions or actions that imminently and

1 seriously endanger the child's physical or mental health when
2 reasonably able to do so.

3 "Physical abuse" means any physical injury intentionally
4 inflicted by an adult family member on a child.

5 "Physician" means any person licensed to practice medicine
6 in all its branches under the Medical Practice Act of 1987.

7 "Sexual abuse" means any sexual conduct or sexual
8 penetration as defined in Section 11-0.1 of the Criminal Code
9 of 2012 that is prohibited by the criminal laws of the State
10 and committed against a minor by an adult family member as
11 defined in this Act.

12 Section 4-15. Notice to adult family member. No person
13 shall knowingly perform an abortion upon a minor or upon an
14 incompetent person unless the physician or his or her agent
15 has given at least 48 hours actual notice to an adult family
16 member of the pregnant minor or incompetent person of his or
17 her intention to perform the abortion, unless that person or
18 his or her agent has received a written statement by a
19 referring physician certifying that the referring physician or
20 his or her agent has given at least 48 hours notice to an adult
21 family member of the pregnant minor or incompetent person. If
22 actual notice is not possible after a reasonable effort, the
23 physician or his or her agent must give 48 hours constructive
24 notice.

1 Section 4-20. Exceptions. Notice shall not be required
2 under this Act if:

3 (1) the minor or incompetent person is accompanied by
4 a person entitled to notice;

5 (2) notice is waived in writing by a person who is
6 entitled to notice;

7 (3) the attending physician certifies in the patient's
8 medical record that a medical emergency exists and there
9 is insufficient time to provide the required notice;

10 (4) the minor declares in writing that she is a victim
11 of sexual abuse, neglect, or physical abuse by an adult
12 family member. The attending physician must certify in the
13 patient's medical record that he or she has received the
14 written declaration of abuse or neglect. Any notification
15 of public authorities of abuse that may be required under
16 other laws of this State need not be made by the person
17 performing the abortion until after the minor receives an
18 abortion that otherwise complies with the requirements of
19 this Act; or

20 (5) notice is waived under Section 4-25.

21 Section 4-25. Procedure for judicial waiver of notice.

22 (a) The requirements and procedures under this Section are
23 available to minors and incompetent persons whether they are
24 residents of this State.

25 (b) The minor or incompetent person may petition any

1 circuit court for a waiver of the notice requirement and may
2 participate in proceedings on her own behalf. The court shall
3 appoint a guardian ad litem for her. Any guardian ad litem
4 appointed under this Act shall act to maintain the
5 confidentiality of the proceedings. The circuit court shall
6 advise her that she has a right to court-appointed counsel and
7 shall provide her with counsel upon her request.

8 (c) Court proceedings under this Section shall be
9 confidential and shall ensure the anonymity of the minor or
10 incompetent person. All court proceedings under this Section
11 shall be sealed. The minor or incompetent person shall have
12 the right to file her petition in the circuit court using a
13 pseudonym or using solely her initials. All documents related
14 to this petition shall be confidential and shall not be made
15 available to the public.

16 These proceedings shall be given precedence over other
17 pending matters to the extent necessary to ensure that the
18 court reaches a decision promptly. The court shall rule and
19 issue written findings of fact and conclusions of law within
20 48 hours of the time that the petition is filed, except that
21 the 48-hour limitation may be extended at the request of the
22 minor or incompetent person. If the court fails to rule within
23 the 48-hour period and an extension is not requested, then the
24 petition shall be deemed to have been granted, and the notice
25 requirement shall be waived.

26 (d) Notice shall be waived if the court finds by a

1 preponderance of the evidence either:

2 (1) that the minor or incompetent person is
3 sufficiently mature and well enough informed to decide
4 intelligently whether to have an abortion; or

5 (2) that notification under Section 4-15 would not be
6 in the best interests of the minor or incompetent person.

7 (e) A court that conducts proceedings under this Section
8 shall issue written and specific factual findings and legal
9 conclusions supporting its decision and shall order that a
10 confidential record of the evidence and the judge's findings
11 and conditions be maintained.

12 (f) An expedited confidential appeal shall be available,
13 as the Supreme Court provides by rule, to any minor or
14 incompetent person to whom the circuit court denies a waiver
15 of notice. An order authorizing an abortion without notice
16 shall not be subject to appeal.

17 (g) The Supreme Court is respectfully requested to adopt
18 any rules necessary to ensure that proceedings under this Act
19 are handled in an expeditious and confidential manner.

20 (h) No fees shall be required of any minor or incompetent
21 person who avails herself of the procedures provided by this
22 Section.

23 Section 4-30. Minor's consent to abortion. A person may
24 not perform an abortion on a minor without the minor's
25 consent, except in a medical emergency.

1 Section 4-35. Reports. The Department of Public Health
2 shall comply with the reporting requirements set forth in the
3 consent decree in *Herbst v. O'Malley*, case no. 84-C-5602 in
4 the U.S. District Court for the Northern District of Illinois,
5 Eastern Division.

6 Section 4-40. Penalties.

7 (a) Any physician who willfully fails to provide notice as
8 required under this Act before performing an abortion on a
9 minor or an incompetent person shall be referred to the
10 Illinois State Medical Board for action in accordance with
11 Section 22 of the Medical Practice Act of 1987.

12 (b) Any person, not authorized under this Act, who signs
13 any waiver of notice for a minor or incompetent person seeking
14 an abortion, is guilty of a Class C misdemeanor.

15 Section 4-45. Immunity. Any physician who, in good faith,
16 provides notice in accordance with Section 4-15 or relies on
17 an exception under Section 4-20 shall not be subject to any
18 type of civil or criminal liability or discipline for
19 unprofessional conduct for failure to give required notice.

20 Section 4-50. Severability and inseverability. If any
21 provision of this Act or its application to any person or
22 circumstance is held invalid, the invalidity of that provision

1 or application does not affect other provisions or
2 applications of the Act that can be given effect without the
3 invalid provision or application, except that Section 4-25 is
4 inseverable to the extent that if all or any substantial and
5 material part of Section 4-25 is held invalid, then the entire
6 Act is invalid.

7 Article 5.

8 Section 5-5. The Freedom of Information Act is amended by
9 changing Sections 7 and 7.5 as follows:

10 (5 ILCS 140/7)

11 Sec. 7. Exemptions.

12 (1) When a request is made to inspect or copy a public
13 record that contains information that is exempt from
14 disclosure under this Section, but also contains information
15 that is not exempt from disclosure, the public body may elect
16 to redact the information that is exempt. The public body
17 shall make the remaining information available for inspection
18 and copying. Subject to this requirement, the following shall
19 be exempt from inspection and copying:

20 (a) Information specifically prohibited from
21 disclosure by federal or State law or rules and
22 regulations implementing federal or State law.

23 (b) Private information, unless disclosure is required

1 by another provision of this Act, a State or federal law,
2 or a court order.

3 (b-5) Files, documents, and other data or databases
4 maintained by one or more law enforcement agencies and
5 specifically designed to provide information to one or
6 more law enforcement agencies regarding the physical or
7 mental status of one or more individual subjects.

8 (c) Personal information contained within public
9 records, the disclosure of which would constitute a
10 clearly unwarranted invasion of personal privacy, unless
11 the disclosure is consented to in writing by the
12 individual subjects of the information. "Unwarranted
13 invasion of personal privacy" means the disclosure of
14 information that is highly personal or objectionable to a
15 reasonable person and in which the subject's right to
16 privacy outweighs any legitimate public interest in
17 obtaining the information. The disclosure of information
18 that bears on the public duties of public employees and
19 officials shall not be considered an invasion of personal
20 privacy.

21 (d) Records in the possession of any public body
22 created in the course of administrative enforcement
23 proceedings, and any law enforcement or correctional
24 agency for law enforcement purposes, but only to the
25 extent that disclosure would:

26 (i) interfere with pending or actually and

1 reasonably contemplated law enforcement proceedings
2 conducted by any law enforcement or correctional
3 agency that is the recipient of the request;

4 (ii) interfere with active administrative
5 enforcement proceedings conducted by the public body
6 that is the recipient of the request;

7 (iii) create a substantial likelihood that a
8 person will be deprived of a fair trial or an impartial
9 hearing;

10 (iv) unavoidably disclose the identity of a
11 confidential source, confidential information
12 furnished only by the confidential source, or persons
13 who file complaints with or provide information to
14 administrative, investigative, law enforcement, or
15 penal agencies; except that the identities of
16 witnesses to traffic crashes, traffic crash reports,
17 and rescue reports shall be provided by agencies of
18 local government, except when disclosure would
19 interfere with an active criminal investigation
20 conducted by the agency that is the recipient of the
21 request;

22 (v) disclose unique or specialized investigative
23 techniques other than those generally used and known
24 or disclose internal documents of correctional
25 agencies related to detection, observation, or
26 investigation of incidents of crime or misconduct, and

1 disclosure would result in demonstrable harm to the
2 agency or public body that is the recipient of the
3 request;

4 (vi) endanger the life or physical safety of law
5 enforcement personnel or any other person; or

6 (vii) obstruct an ongoing criminal investigation
7 by the agency that is the recipient of the request.

8 (d-5) A law enforcement record created for law
9 enforcement purposes and contained in a shared electronic
10 record management system if the law enforcement agency
11 that is the recipient of the request did not create the
12 record, did not participate in or have a role in any of the
13 events which are the subject of the record, and only has
14 access to the record through the shared electronic record
15 management system.

16 (d-6) Records contained in the Officer Professional
17 Conduct Database under Section 9.2 of the Illinois Police
18 Training Act, except to the extent authorized under that
19 Section. This includes the documents supplied to the
20 Illinois Law Enforcement Training Standards Board from the
21 Illinois State Police and Illinois State Police Merit
22 Board.

23 (d-7) Information gathered or records created from the
24 use of automatic license plate readers in connection with
25 Section 2-130 of the Illinois Vehicle Code.

26 (e) Records that relate to or affect the security of

1 correctional institutions and detention facilities.

2 (e-5) Records requested by persons committed to the
3 Department of Corrections, Department of Human Services
4 Division of Mental Health, or a county jail if those
5 materials are available in the library of the correctional
6 institution or facility or jail where the inmate is
7 confined.

8 (e-6) Records requested by persons committed to the
9 Department of Corrections, Department of Human Services
10 Division of Mental Health, or a county jail if those
11 materials include records from staff members' personnel
12 files, staff rosters, or other staffing assignment
13 information.

14 (e-7) Records requested by persons committed to the
15 Department of Corrections or Department of Human Services
16 Division of Mental Health if those materials are available
17 through an administrative request to the Department of
18 Corrections or Department of Human Services Division of
19 Mental Health.

20 (e-8) Records requested by a person committed to the
21 Department of Corrections, Department of Human Services
22 Division of Mental Health, or a county jail, the
23 disclosure of which would result in the risk of harm to any
24 person or the risk of an escape from a jail or correctional
25 institution or facility.

26 (e-9) Records requested by a person in a county jail

1 or committed to the Department of Corrections or
2 Department of Human Services Division of Mental Health,
3 containing personal information pertaining to the person's
4 victim or the victim's family, including, but not limited
5 to, a victim's home address, home telephone number, work
6 or school address, work telephone number, social security
7 number, or any other identifying information, except as
8 may be relevant to a requester's current or potential case
9 or claim.

10 (e-10) Law enforcement records of other persons
11 requested by a person committed to the Department of
12 Corrections, Department of Human Services Division of
13 Mental Health, or a county jail, including, but not
14 limited to, arrest and booking records, mug shots, and
15 crime scene photographs, except as these records may be
16 relevant to the requester's current or potential case or
17 claim.

18 (f) Preliminary drafts, notes, recommendations,
19 memoranda, and other records in which opinions are
20 expressed, or policies or actions are formulated, except
21 that a specific record or relevant portion of a record
22 shall not be exempt when the record is publicly cited and
23 identified by the head of the public body. The exemption
24 provided in this paragraph (f) extends to all those
25 records of officers and agencies of the General Assembly
26 that pertain to the preparation of legislative documents.

1 (g) Trade secrets and commercial or financial
2 information obtained from a person or business where the
3 trade secrets or commercial or financial information are
4 furnished under a claim that they are proprietary,
5 privileged, or confidential, and that disclosure of the
6 trade secrets or commercial or financial information would
7 cause competitive harm to the person or business, and only
8 insofar as the claim directly applies to the records
9 requested.

10 The information included under this exemption includes
11 all trade secrets and commercial or financial information
12 obtained by a public body, including a public pension
13 fund, from a private equity fund or a privately held
14 company within the investment portfolio of a private
15 equity fund as a result of either investing or evaluating
16 a potential investment of public funds in a private equity
17 fund. The exemption contained in this item does not apply
18 to the aggregate financial performance information of a
19 private equity fund, nor to the identity of the fund's
20 managers or general partners. The exemption contained in
21 this item does not apply to the identity of a privately
22 held company within the investment portfolio of a private
23 equity fund, unless the disclosure of the identity of a
24 privately held company may cause competitive harm.

25 Nothing contained in this paragraph (g) shall be
26 construed to prevent a person or business from consenting

1 to disclosure.

2 (h) Proposals and bids for any contract, grant, or
3 agreement, including information which if it were
4 disclosed would frustrate procurement or give an advantage
5 to any person proposing to enter into a contractor
6 agreement with the body, until an award or final selection
7 is made. Information prepared by or for the body in
8 preparation of a bid solicitation shall be exempt until an
9 award or final selection is made.

10 (i) Valuable formulae, computer geographic systems,
11 designs, drawings, and research data obtained or produced
12 by any public body when disclosure could reasonably be
13 expected to produce private gain or public loss. The
14 exemption for "computer geographic systems" provided in
15 this paragraph (i) does not extend to requests made by
16 news media as defined in Section 2 of this Act when the
17 requested information is not otherwise exempt and the only
18 purpose of the request is to access and disseminate
19 information regarding the health, safety, welfare, or
20 legal rights of the general public.

21 (j) The following information pertaining to
22 educational matters:

23 (i) test questions, scoring keys, and other
24 examination data used to administer an academic
25 examination;

26 (ii) information received by a primary or

1 secondary school, college, or university under its
2 procedures for the evaluation of faculty members by
3 their academic peers;

4 (iii) information concerning a school or
5 university's adjudication of student disciplinary
6 cases, but only to the extent that disclosure would
7 unavoidably reveal the identity of the student; and

8 (iv) course materials or research materials used
9 by faculty members.

10 (k) Architects' plans, engineers' technical
11 submissions, and other construction related technical
12 documents for projects not constructed or developed in
13 whole or in part with public funds and the same for
14 projects constructed or developed with public funds,
15 including, but not limited to, power generating and
16 distribution stations and other transmission and
17 distribution facilities, water treatment facilities,
18 airport facilities, sport stadiums, convention centers,
19 and all government owned, operated, or occupied buildings,
20 but only to the extent that disclosure would compromise
21 security.

22 (l) Minutes of meetings of public bodies closed to the
23 public as provided in the Open Meetings Act until the
24 public body makes the minutes available to the public
25 under Section 2.06 of the Open Meetings Act.

26 (m) Communications between a public body and an

1 attorney or auditor representing the public body that
2 would not be subject to discovery in litigation, and
3 materials prepared or compiled by or for a public body in
4 anticipation of a criminal, civil, or administrative
5 proceeding upon the request of an attorney advising the
6 public body, and materials prepared or compiled with
7 respect to internal audits of public bodies.

8 (n) Records relating to a public body's adjudication
9 of employee grievances or disciplinary cases; however,
10 this exemption shall not extend to the final outcome of
11 cases in which discipline is imposed.

12 (o) Administrative or technical information associated
13 with automated data processing operations, including, but
14 not limited to, software, operating protocols, computer
15 program abstracts, file layouts, source listings, object
16 modules, load modules, user guides, documentation
17 pertaining to all logical and physical design of
18 computerized systems, employee manuals, and any other
19 information that, if disclosed, would jeopardize the
20 security of the system or its data or the security of
21 materials exempt under this Section.

22 (p) Records relating to collective negotiating matters
23 between public bodies and their employees or
24 representatives, except that any final contract or
25 agreement shall be subject to inspection and copying.

26 (q) Test questions, scoring keys, and other

1 examination data used to determine the qualifications of
2 an applicant for a license or employment.

3 (r) The records, documents, and information relating
4 to real estate purchase negotiations until those
5 negotiations have been completed or otherwise terminated.
6 With regard to a parcel involved in a pending or actually
7 and reasonably contemplated eminent domain proceeding
8 under the Eminent Domain Act, records, documents, and
9 information relating to that parcel shall be exempt except
10 as may be allowed under discovery rules adopted by the
11 Illinois Supreme Court. The records, documents, and
12 information relating to a real estate sale shall be exempt
13 until a sale is consummated.

14 (s) Any and all proprietary information and records
15 related to the operation of an intergovernmental risk
16 management association or self-insurance pool or jointly
17 self-administered health and accident cooperative or pool.
18 Insurance or self-insurance (including any
19 intergovernmental risk management association or
20 self-insurance pool) claims, loss or risk management
21 information, records, data, advice, or communications.

22 (t) Information contained in or related to
23 examination, operating, or condition reports prepared by,
24 on behalf of, or for the use of a public body responsible
25 for the regulation or supervision of financial
26 institutions, insurance companies, or pharmacy benefit

1 managers, unless disclosure is otherwise required by State
2 law.

3 (u) Information that would disclose or might lead to
4 the disclosure of secret or confidential information,
5 codes, algorithms, programs, or private keys intended to
6 be used to create electronic signatures under the Uniform
7 Electronic Transactions Act.

8 (v) Vulnerability assessments, security measures, and
9 response policies or plans that are designed to identify,
10 prevent, or respond to potential attacks upon a
11 community's population or systems, facilities, or
12 installations, but only to the extent that disclosure
13 could reasonably be expected to expose the vulnerability
14 or jeopardize the effectiveness of the measures, policies,
15 or plans, or the safety of the personnel who implement
16 them or the public. Information exempt under this item may
17 include such things as details pertaining to the
18 mobilization or deployment of personnel or equipment, to
19 the operation of communication systems or protocols, to
20 cybersecurity vulnerabilities, or to tactical operations.

21 (w) (Blank).

22 (x) Maps and other records regarding the location or
23 security of generation, transmission, distribution,
24 storage, gathering, treatment, or switching facilities
25 owned by a utility, by a power generator, or by the
26 Illinois Power Agency.

1 (y) Information contained in or related to proposals,
2 bids, or negotiations related to electric power
3 procurement under Section 1-75 of the Illinois Power
4 Agency Act and Section 16-111.5 of the Public Utilities
5 Act that is determined to be confidential and proprietary
6 by the Illinois Power Agency or by the Illinois Commerce
7 Commission.

8 (z) Information about students exempted from
9 disclosure under Section 10-20.38 or 34-18.29 of the
10 School Code, and information about undergraduate students
11 enrolled at an institution of higher education exempted
12 from disclosure under Section 25 of the Illinois Credit
13 Card Marketing Act of 2009.

14 (aa) Information the disclosure of which is exempted
15 under the Viatical Settlements Act of 2009.

16 (bb) Records and information provided to a mortality
17 review team and records maintained by a mortality review
18 team appointed under the Department of Juvenile Justice
19 Mortality Review Team Act.

20 (cc) Information regarding interments, entombments, or
21 inurnments of human remains that are submitted to the
22 Cemetery Oversight Database under the Cemetery Care Act or
23 the Cemetery Oversight Act, whichever is applicable.

24 (dd) Correspondence and records (i) that may not be
25 disclosed under Section 11-9 of the Illinois Public Aid
26 Code or (ii) that pertain to appeals under Section 11-8 of

1 the Illinois Public Aid Code.

2 (ee) The names, addresses, or other personal
3 information of persons who are minors and are also
4 participants and registrants in programs of park
5 districts, forest preserve districts, conservation
6 districts, recreation agencies, and special recreation
7 associations.

8 (ff) The names, addresses, or other personal
9 information of participants and registrants in programs of
10 park districts, forest preserve districts, conservation
11 districts, recreation agencies, and special recreation
12 associations where such programs are targeted primarily to
13 minors.

14 (gg) Confidential information described in Section
15 1-100 of the Illinois Independent Tax Tribunal Act of
16 2012.

17 (hh) The report submitted to the State Board of
18 Education by the School Security and Standards Task Force
19 under item (8) of subsection (d) of Section 2-3.160 of the
20 School Code and any information contained in that report.

21 (ii) Records requested by persons committed to or
22 detained by the Department of Human Services under the
23 Sexually Violent Persons Commitment Act or committed to
24 the Department of Corrections under the Sexually Dangerous
25 Persons Act if those materials: (i) are available in the
26 library of the facility where the individual is confined;

1 (ii) include records from staff members' personnel files,
2 staff rosters, or other staffing assignment information;
3 or (iii) are available through an administrative request
4 to the Department of Human Services or the Department of
5 Corrections.

6 (jj) Confidential information described in Section
7 5-535 of the Civil Administrative Code of Illinois.

8 (kk) The public body's credit card numbers, debit card
9 numbers, bank account numbers, Federal Employer
10 Identification Number, security code numbers, passwords,
11 and similar account information, the disclosure of which
12 could result in identity theft or impression or defrauding
13 of a governmental entity or a person.

14 (ll) Records concerning the work of the threat
15 assessment team of a school district, including, but not
16 limited to, any threat assessment procedure under the
17 School Safety Drill Act and any information contained in
18 the procedure.

19 (mm) Information prohibited from being disclosed under
20 subsections (a) and (b) of Section 15 of the Student
21 Confidential Reporting Act.

22 (nn) Proprietary information submitted to the
23 Environmental Protection Agency under the Drug Take-Back
24 Act.

25 (oo) Records described in subsection (f) of Section
26 3-5-1 of the Unified Code of Corrections.

1 (pp) Any and all information regarding burials,
2 interments, or entombments of human remains as required to
3 be reported to the Department of Natural Resources
4 pursuant either to the Archaeological and Paleontological
5 Resources Protection Act or the Human Remains Protection
6 Act.

7 (qq) (Blank). ~~(pp) Reports described in subsection (e)~~
8 ~~of Section 16 15 of the Abortion Care Clinical Training~~
9 ~~Program Act.~~

10 (rr) (pp) Information obtained by a certified local
11 health department under the Access to Public Health Data
12 Act.

13 (ss) (pp) For a request directed to a public body that
14 is also a HIPAA-covered entity, all information that is
15 protected health information, including demographic
16 information, that may be contained within or extracted
17 from any record held by the public body in compliance with
18 State and federal medical privacy laws and regulations,
19 including, but not limited to, the Health Insurance
20 Portability and Accountability Act and its regulations, 45
21 CFR Parts 160 and 164. As used in this paragraph,
22 "HIPAA-covered entity" has the meaning given to the term
23 "covered entity" in 45 CFR 160.103 and "protected health
24 information" has the meaning given to that term in 45 CFR
25 160.103.

26 (1.5) Any information exempt from disclosure under the

1 Judicial Privacy Act shall be redacted from public records
2 prior to disclosure under this Act.

3 (2) A public record that is not in the possession of a
4 public body but is in the possession of a party with whom the
5 agency has contracted to perform a governmental function on
6 behalf of the public body, and that directly relates to the
7 governmental function and is not otherwise exempt under this
8 Act, shall be considered a public record of the public body,
9 for purposes of this Act.

10 (3) This Section does not authorize withholding of
11 information or limit the availability of records to the
12 public, except as stated in this Section or otherwise provided
13 in this Act.

14 (Source: P.A. 102-38, eff. 6-25-21; 102-558, eff. 8-20-21;
15 102-694, eff. 1-7-22; 102-752, eff. 5-6-22; 102-753, eff.
16 1-1-23; 102-776, eff. 1-1-23; 102-791, eff. 5-13-22; 102-982,
17 eff. 7-1-23; 102-1055, eff. 6-10-22; 103-154, eff. 6-30-23;
18 103-423, eff. 1-1-24; 103-446, eff. 8-4-23; 103-462, eff.
19 8-4-23; 103-540, eff. 1-1-24; 103-554, eff. 1-1-24; revised
20 9-7-23.)

21 (5 ILCS 140/7.5)

22 (Text of Section before amendment by P.A. 103-472)

23 Sec. 7.5. Statutory exemptions. To the extent provided for
24 by the statutes referenced below, the following shall be
25 exempt from inspection and copying:

1 (a) All information determined to be confidential
2 under Section 4002 of the Technology Advancement and
3 Development Act.

4 (b) Library circulation and order records identifying
5 library users with specific materials under the Library
6 Records Confidentiality Act.

7 (c) Applications, related documents, and medical
8 records received by the Experimental Organ Transplantation
9 Procedures Board and any and all documents or other
10 records prepared by the Experimental Organ Transplantation
11 Procedures Board or its staff relating to applications it
12 has received.

13 (d) Information and records held by the Department of
14 Public Health and its authorized representatives relating
15 to known or suspected cases of sexually transmissible
16 disease or any information the disclosure of which is
17 restricted under the Illinois Sexually Transmissible
18 Disease Control Act.

19 (e) Information the disclosure of which is exempted
20 under Section 30 of the Radon Industry Licensing Act.

21 (f) Firm performance evaluations under Section 55 of
22 the Architectural, Engineering, and Land Surveying
23 Qualifications Based Selection Act.

24 (g) Information the disclosure of which is restricted
25 and exempted under Section 50 of the Illinois Prepaid
26 Tuition Act.

1 (h) Information the disclosure of which is exempted
2 under the State Officials and Employees Ethics Act, and
3 records of any lawfully created State or local inspector
4 general's office that would be exempt if created or
5 obtained by an Executive Inspector General's office under
6 that Act.

7 (i) Information contained in a local emergency energy
8 plan submitted to a municipality in accordance with a
9 local emergency energy plan ordinance that is adopted
10 under Section 11-21.5-5 of the Illinois Municipal Code.

11 (j) Information and data concerning the distribution
12 of surcharge moneys collected and remitted by carriers
13 under the Emergency Telephone System Act.

14 (k) Law enforcement officer identification information
15 or driver identification information compiled by a law
16 enforcement agency or the Department of Transportation
17 under Section 11-212 of the Illinois Vehicle Code.

18 (l) Records and information provided to a residential
19 health care facility resident sexual assault and death
20 review team or the Executive Council under the Abuse
21 Prevention Review Team Act.

22 (m) Information provided to the predatory lending
23 database created pursuant to Article 3 of the Residential
24 Real Property Disclosure Act, except to the extent
25 authorized under that Article.

26 (n) Defense budgets and petitions for certification of

1 compensation and expenses for court appointed trial
2 counsel as provided under Sections 10 and 15 of the
3 Capital Crimes Litigation Act (repealed). This subsection
4 (n) shall apply until the conclusion of the trial of the
5 case, even if the prosecution chooses not to pursue the
6 death penalty prior to trial or sentencing.

7 (o) Information that is prohibited from being
8 disclosed under Section 4 of the Illinois Health and
9 Hazardous Substances Registry Act.

10 (p) Security portions of system safety program plans,
11 investigation reports, surveys, schedules, lists, data, or
12 information compiled, collected, or prepared by or for the
13 Department of Transportation under Sections 2705-300 and
14 2705-616 of the Department of Transportation Law of the
15 Civil Administrative Code of Illinois, the Regional
16 Transportation Authority under Section 2.11 of the
17 Regional Transportation Authority Act, or the St. Clair
18 County Transit District under the Bi-State Transit Safety
19 Act (repealed).

20 (q) Information prohibited from being disclosed by the
21 Personnel Record Review Act.

22 (r) Information prohibited from being disclosed by the
23 Illinois School Student Records Act.

24 (s) Information the disclosure of which is restricted
25 under Section 5-108 of the Public Utilities Act.

26 (t) (Blank).

1 (u) Records and information provided to an independent
2 team of experts under the Developmental Disability and
3 Mental Health Safety Act (also known as Brian's Law).

4 (v) Names and information of people who have applied
5 for or received Firearm Owner's Identification Cards under
6 the Firearm Owners Identification Card Act or applied for
7 or received a concealed carry license under the Firearm
8 Concealed Carry Act, unless otherwise authorized by the
9 Firearm Concealed Carry Act; and databases under the
10 Firearm Concealed Carry Act, records of the Concealed
11 Carry Licensing Review Board under the Firearm Concealed
12 Carry Act, and law enforcement agency objections under the
13 Firearm Concealed Carry Act.

14 (v-5) Records of the Firearm Owner's Identification
15 Card Review Board that are exempted from disclosure under
16 Section 10 of the Firearm Owners Identification Card Act.

17 (w) Personally identifiable information which is
18 exempted from disclosure under subsection (g) of Section
19 19.1 of the Toll Highway Act.

20 (x) Information which is exempted from disclosure
21 under Section 5-1014.3 of the Counties Code or Section
22 8-11-21 of the Illinois Municipal Code.

23 (y) Confidential information under the Adult
24 Protective Services Act and its predecessor enabling
25 statute, the Elder Abuse and Neglect Act, including
26 information about the identity and administrative finding

1 against any caregiver of a verified and substantiated
2 decision of abuse, neglect, or financial exploitation of
3 an eligible adult maintained in the Registry established
4 under Section 7.5 of the Adult Protective Services Act.

5 (z) Records and information provided to a fatality
6 review team or the Illinois Fatality Review Team Advisory
7 Council under Section 15 of the Adult Protective Services
8 Act.

9 (aa) Information which is exempted from disclosure
10 under Section 2.37 of the Wildlife Code.

11 (bb) Information which is or was prohibited from
12 disclosure by the Juvenile Court Act of 1987.

13 (cc) Recordings made under the Law Enforcement
14 Officer-Worn Body Camera Act, except to the extent
15 authorized under that Act.

16 (dd) Information that is prohibited from being
17 disclosed under Section 45 of the Condominium and Common
18 Interest Community Ombudsperson Act.

19 (ee) Information that is exempted from disclosure
20 under Section 30.1 of the Pharmacy Practice Act.

21 (ff) Information that is exempted from disclosure
22 under the Revised Uniform Unclaimed Property Act.

23 (gg) Information that is prohibited from being
24 disclosed under Section 7-603.5 of the Illinois Vehicle
25 Code.

26 (hh) Records that are exempt from disclosure under

1 Section 1A-16.7 of the Election Code.

2 (ii) Information which is exempted from disclosure
3 under Section 2505-800 of the Department of Revenue Law of
4 the Civil Administrative Code of Illinois.

5 (jj) Information and reports that are required to be
6 submitted to the Department of Labor by registering day
7 and temporary labor service agencies but are exempt from
8 disclosure under subsection (a-1) of Section 45 of the Day
9 and Temporary Labor Services Act.

10 (kk) Information prohibited from disclosure under the
11 Seizure and Forfeiture Reporting Act.

12 (ll) Information the disclosure of which is restricted
13 and exempted under Section 5-30.8 of the Illinois Public
14 Aid Code.

15 (mm) Records that are exempt from disclosure under
16 Section 4.2 of the Crime Victims Compensation Act.

17 (nn) Information that is exempt from disclosure under
18 Section 70 of the Higher Education Student Assistance Act.

19 (oo) Communications, notes, records, and reports
20 arising out of a peer support counseling session
21 prohibited from disclosure under the First Responders
22 Suicide Prevention Act.

23 (pp) Names and all identifying information relating to
24 an employee of an emergency services provider or law
25 enforcement agency under the First Responders Suicide
26 Prevention Act.

1 (qq) (Blank). ~~Information and records held by the~~
2 ~~Department of Public Health and its authorized~~
3 ~~representatives collected under the Reproductive Health~~
4 ~~Act.~~

5 (rr) Information that is exempt from disclosure under
6 the Cannabis Regulation and Tax Act.

7 (ss) Data reported by an employer to the Department of
8 Human Rights pursuant to Section 2-108 of the Illinois
9 Human Rights Act.

10 (tt) Recordings made under the Children's Advocacy
11 Center Act, except to the extent authorized under that
12 Act.

13 (uu) Information that is exempt from disclosure under
14 Section 50 of the Sexual Assault Evidence Submission Act.

15 (vv) Information that is exempt from disclosure under
16 subsections (f) and (j) of Section 5-36 of the Illinois
17 Public Aid Code.

18 (ww) Information that is exempt from disclosure under
19 Section 16.8 of the State Treasurer Act.

20 (xx) Information that is exempt from disclosure or
21 information that shall not be made public under the
22 Illinois Insurance Code.

23 (yy) Information prohibited from being disclosed under
24 the Illinois Educational Labor Relations Act.

25 (zz) Information prohibited from being disclosed under
26 the Illinois Public Labor Relations Act.

1 (aaa) Information prohibited from being disclosed
2 under Section 1-167 of the Illinois Pension Code.

3 (bbb) Information that is prohibited from disclosure
4 by the Illinois Police Training Act and the Illinois State
5 Police Act.

6 (ccc) Records exempt from disclosure under Section
7 2605-304 of the Illinois State Police Law of the Civil
8 Administrative Code of Illinois.

9 (ddd) Information prohibited from being disclosed
10 under Section 35 of the Address Confidentiality for
11 Victims of Domestic Violence, Sexual Assault, Human
12 Trafficking, or Stalking Act.

13 (eee) Information prohibited from being disclosed
14 under subsection (b) of Section 75 of the Domestic
15 Violence Fatality Review Act.

16 (fff) Images from cameras under the Expressway Camera
17 Act. This subsection (fff) is inoperative on and after
18 July 1, 2025.

19 (ggg) Information prohibited from disclosure under
20 paragraph (3) of subsection (a) of Section 14 of the Nurse
21 Agency Licensing Act.

22 (hhh) Information submitted to the Illinois State
23 Police in an affidavit or application for an assault
24 weapon endorsement, assault weapon attachment endorsement,
25 .50 caliber rifle endorsement, or .50 caliber cartridge
26 endorsement under the Firearm Owners Identification Card

1 Act.

2 (iii) Data exempt from disclosure under Section 50 of
3 the School Safety Drill Act.

4 (jjj) ~~(hhh)~~ Information exempt from disclosure under
5 Section 30 of the Insurance Data Security Law.

6 (kkk) ~~(iii)~~ Confidential business information
7 prohibited from disclosure under Section 45 of the Paint
8 Stewardship Act.

9 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
10 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
11 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
12 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
13 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
14 eff. 1-1-24; 103-508, eff. 8-4-23; revised 9-5-23.)

15 (Text of Section after amendment by P.A. 103-472)

16 Sec. 7.5. Statutory exemptions. To the extent provided for
17 by the statutes referenced below, the following shall be
18 exempt from inspection and copying:

19 (a) All information determined to be confidential
20 under Section 4002 of the Technology Advancement and
21 Development Act.

22 (b) Library circulation and order records identifying
23 library users with specific materials under the Library
24 Records Confidentiality Act.

25 (c) Applications, related documents, and medical

1 records received by the Experimental Organ Transplantation
2 Procedures Board and any and all documents or other
3 records prepared by the Experimental Organ Transplantation
4 Procedures Board or its staff relating to applications it
5 has received.

6 (d) Information and records held by the Department of
7 Public Health and its authorized representatives relating
8 to known or suspected cases of sexually transmissible
9 disease or any information the disclosure of which is
10 restricted under the Illinois Sexually Transmissible
11 Disease Control Act.

12 (e) Information the disclosure of which is exempted
13 under Section 30 of the Radon Industry Licensing Act.

14 (f) Firm performance evaluations under Section 55 of
15 the Architectural, Engineering, and Land Surveying
16 Qualifications Based Selection Act.

17 (g) Information the disclosure of which is restricted
18 and exempted under Section 50 of the Illinois Prepaid
19 Tuition Act.

20 (h) Information the disclosure of which is exempted
21 under the State Officials and Employees Ethics Act, and
22 records of any lawfully created State or local inspector
23 general's office that would be exempt if created or
24 obtained by an Executive Inspector General's office under
25 that Act.

26 (i) Information contained in a local emergency energy

1 plan submitted to a municipality in accordance with a
2 local emergency energy plan ordinance that is adopted
3 under Section 11-21.5-5 of the Illinois Municipal Code.

4 (j) Information and data concerning the distribution
5 of surcharge moneys collected and remitted by carriers
6 under the Emergency Telephone System Act.

7 (k) Law enforcement officer identification information
8 or driver identification information compiled by a law
9 enforcement agency or the Department of Transportation
10 under Section 11-212 of the Illinois Vehicle Code.

11 (l) Records and information provided to a residential
12 health care facility resident sexual assault and death
13 review team or the Executive Council under the Abuse
14 Prevention Review Team Act.

15 (m) Information provided to the predatory lending
16 database created pursuant to Article 3 of the Residential
17 Real Property Disclosure Act, except to the extent
18 authorized under that Article.

19 (n) Defense budgets and petitions for certification of
20 compensation and expenses for court appointed trial
21 counsel as provided under Sections 10 and 15 of the
22 Capital Crimes Litigation Act (repealed). This subsection
23 (n) shall apply until the conclusion of the trial of the
24 case, even if the prosecution chooses not to pursue the
25 death penalty prior to trial or sentencing.

26 (o) Information that is prohibited from being

1 disclosed under Section 4 of the Illinois Health and
2 Hazardous Substances Registry Act.

3 (p) Security portions of system safety program plans,
4 investigation reports, surveys, schedules, lists, data, or
5 information compiled, collected, or prepared by or for the
6 Department of Transportation under Sections 2705-300 and
7 2705-616 of the Department of Transportation Law of the
8 Civil Administrative Code of Illinois, the Regional
9 Transportation Authority under Section 2.11 of the
10 Regional Transportation Authority Act, or the St. Clair
11 County Transit District under the Bi-State Transit Safety
12 Act (repealed).

13 (q) Information prohibited from being disclosed by the
14 Personnel Record Review Act.

15 (r) Information prohibited from being disclosed by the
16 Illinois School Student Records Act.

17 (s) Information the disclosure of which is restricted
18 under Section 5-108 of the Public Utilities Act.

19 (t) (Blank).

20 (u) Records and information provided to an independent
21 team of experts under the Developmental Disability and
22 Mental Health Safety Act (also known as Brian's Law).

23 (v) Names and information of people who have applied
24 for or received Firearm Owner's Identification Cards under
25 the Firearm Owners Identification Card Act or applied for
26 or received a concealed carry license under the Firearm

1 Concealed Carry Act, unless otherwise authorized by the
2 Firearm Concealed Carry Act; and databases under the
3 Firearm Concealed Carry Act, records of the Concealed
4 Carry Licensing Review Board under the Firearm Concealed
5 Carry Act, and law enforcement agency objections under the
6 Firearm Concealed Carry Act.

7 (v-5) Records of the Firearm Owner's Identification
8 Card Review Board that are exempted from disclosure under
9 Section 10 of the Firearm Owners Identification Card Act.

10 (w) Personally identifiable information which is
11 exempted from disclosure under subsection (g) of Section
12 19.1 of the Toll Highway Act.

13 (x) Information which is exempted from disclosure
14 under Section 5-1014.3 of the Counties Code or Section
15 8-11-21 of the Illinois Municipal Code.

16 (y) Confidential information under the Adult
17 Protective Services Act and its predecessor enabling
18 statute, the Elder Abuse and Neglect Act, including
19 information about the identity and administrative finding
20 against any caregiver of a verified and substantiated
21 decision of abuse, neglect, or financial exploitation of
22 an eligible adult maintained in the Registry established
23 under Section 7.5 of the Adult Protective Services Act.

24 (z) Records and information provided to a fatality
25 review team or the Illinois Fatality Review Team Advisory
26 Council under Section 15 of the Adult Protective Services

1 Act.

2 (aa) Information which is exempted from disclosure
3 under Section 2.37 of the Wildlife Code.

4 (bb) Information which is or was prohibited from
5 disclosure by the Juvenile Court Act of 1987.

6 (cc) Recordings made under the Law Enforcement
7 Officer-Worn Body Camera Act, except to the extent
8 authorized under that Act.

9 (dd) Information that is prohibited from being
10 disclosed under Section 45 of the Condominium and Common
11 Interest Community Ombudsperson Act.

12 (ee) Information that is exempted from disclosure
13 under Section 30.1 of the Pharmacy Practice Act.

14 (ff) Information that is exempted from disclosure
15 under the Revised Uniform Unclaimed Property Act.

16 (gg) Information that is prohibited from being
17 disclosed under Section 7-603.5 of the Illinois Vehicle
18 Code.

19 (hh) Records that are exempt from disclosure under
20 Section 1A-16.7 of the Election Code.

21 (ii) Information which is exempted from disclosure
22 under Section 2505-800 of the Department of Revenue Law of
23 the Civil Administrative Code of Illinois.

24 (jj) Information and reports that are required to be
25 submitted to the Department of Labor by registering day
26 and temporary labor service agencies but are exempt from

1 disclosure under subsection (a-1) of Section 45 of the Day
2 and Temporary Labor Services Act.

3 (kk) Information prohibited from disclosure under the
4 Seizure and Forfeiture Reporting Act.

5 (ll) Information the disclosure of which is restricted
6 and exempted under Section 5-30.8 of the Illinois Public
7 Aid Code.

8 (mm) Records that are exempt from disclosure under
9 Section 4.2 of the Crime Victims Compensation Act.

10 (nn) Information that is exempt from disclosure under
11 Section 70 of the Higher Education Student Assistance Act.

12 (oo) Communications, notes, records, and reports
13 arising out of a peer support counseling session
14 prohibited from disclosure under the First Responders
15 Suicide Prevention Act.

16 (pp) Names and all identifying information relating to
17 an employee of an emergency services provider or law
18 enforcement agency under the First Responders Suicide
19 Prevention Act.

20 (qq) (Blank). ~~Information and records held by the~~
21 ~~Department of Public Health and its authorized~~
22 ~~representatives collected under the Reproductive Health~~
23 ~~Act.~~

24 (rr) Information that is exempt from disclosure under
25 the Cannabis Regulation and Tax Act.

26 (ss) Data reported by an employer to the Department of

1 Human Rights pursuant to Section 2-108 of the Illinois
2 Human Rights Act.

3 (tt) Recordings made under the Children's Advocacy
4 Center Act, except to the extent authorized under that
5 Act.

6 (uu) Information that is exempt from disclosure under
7 Section 50 of the Sexual Assault Evidence Submission Act.

8 (vv) Information that is exempt from disclosure under
9 subsections (f) and (j) of Section 5-36 of the Illinois
10 Public Aid Code.

11 (ww) Information that is exempt from disclosure under
12 Section 16.8 of the State Treasurer Act.

13 (xx) Information that is exempt from disclosure or
14 information that shall not be made public under the
15 Illinois Insurance Code.

16 (yy) Information prohibited from being disclosed under
17 the Illinois Educational Labor Relations Act.

18 (zz) Information prohibited from being disclosed under
19 the Illinois Public Labor Relations Act.

20 (aaa) Information prohibited from being disclosed
21 under Section 1-167 of the Illinois Pension Code.

22 (bbb) Information that is prohibited from disclosure
23 by the Illinois Police Training Act and the Illinois State
24 Police Act.

25 (ccc) Records exempt from disclosure under Section
26 2605-304 of the Illinois State Police Law of the Civil

1 Administrative Code of Illinois.

2 (ddd) Information prohibited from being disclosed
3 under Section 35 of the Address Confidentiality for
4 Victims of Domestic Violence, Sexual Assault, Human
5 Trafficking, or Stalking Act.

6 (eee) Information prohibited from being disclosed
7 under subsection (b) of Section 75 of the Domestic
8 Violence Fatality Review Act.

9 (fff) Images from cameras under the Expressway Camera
10 Act. This subsection (fff) is inoperative on and after
11 July 1, 2025.

12 (ggg) Information prohibited from disclosure under
13 paragraph (3) of subsection (a) of Section 14 of the Nurse
14 Agency Licensing Act.

15 (hhh) Information submitted to the Illinois State
16 Police in an affidavit or application for an assault
17 weapon endorsement, assault weapon attachment endorsement,
18 .50 caliber rifle endorsement, or .50 caliber cartridge
19 endorsement under the Firearm Owners Identification Card
20 Act.

21 (iii) Data exempt from disclosure under Section 50 of
22 the School Safety Drill Act.

23 (jjj) ~~(hhh)~~ Information exempt from disclosure under
24 Section 30 of the Insurance Data Security Law.

25 (kkk) ~~(iii)~~ Confidential business information
26 prohibited from disclosure under Section 45 of the Paint

1 Stewardship Act.

2 (111) ~~(iii)~~ Data exempt from disclosure under Section
3 2-3.196 of the School Code.

4 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
5 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
6 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
7 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
8 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
9 eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23;
10 revised 9-5-23.)

11 Section 5-10. The State Employees Group Insurance Act of
12 1971 is amended by changing Section 6.11 as follows:

13 (5 ILCS 375/6.11)

14 Sec. 6.11. Required health benefits; Illinois Insurance
15 Code requirements. The program of health benefits shall
16 provide the post-mastectomy care benefits required to be
17 covered by a policy of accident and health insurance under
18 Section 356t of the Illinois Insurance Code. The program of
19 health benefits shall provide the coverage required under
20 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
21 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
23 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
24 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,

1 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, ~~356z.60,~~
2 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and
3 356z.70 of the Illinois Insurance Code. The program of health
4 benefits must comply with Sections 155.22a, 155.37, 355b,
5 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
6 Insurance Code. The program of health benefits shall provide
7 the coverage required under Section 356m of the Illinois
8 Insurance Code and, for the employees of the State Employee
9 Group Insurance Program only, the coverage as also provided in
10 Section 6.11B of this Act. The Department of Insurance shall
11 enforce the requirements of this Section with respect to
12 Sections 370c and 370c.1 of the Illinois Insurance Code; all
13 other requirements of this Section shall be enforced by the
14 Department of Central Management Services.

15 Rulemaking authority to implement Public Act 95-1045, if
16 any, is conditioned on the rules being adopted in accordance
17 with all provisions of the Illinois Administrative Procedure
18 Act and all rules and procedures of the Joint Committee on
19 Administrative Rules; any purported rule not so adopted, for
20 whatever reason, is unauthorized.

21 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
22 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
23 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
24 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
25 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
26 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,

1 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
2 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
3 8-11-23; revised 8-29-23.)

4 Section 5-15. The Children and Family Services Act is
5 amended by changing Section 5 as follows:

6 (20 ILCS 505/5)

7 Sec. 5. Direct child welfare services; Department of
8 Children and Family Services. To provide direct child welfare
9 services when not available through other public or private
10 child care or program facilities.

11 (a) For purposes of this Section:

12 (1) "Children" means persons found within the State
13 who are under the age of 18 years. The term also includes
14 persons under age 21 who:

15 (A) were committed to the Department pursuant to
16 the Juvenile Court Act or the Juvenile Court Act of
17 1987 and who continue under the jurisdiction of the
18 court; or

19 (B) were accepted for care, service, and training
20 by the Department prior to the age of 18 and whose best
21 interest in the discretion of the Department would be
22 served by continuing that care, service, and training
23 because of severe emotional disturbances, physical
24 disability, social adjustment, or any combination

1 thereof, or because of the need to complete an
2 educational or vocational training program.

3 (2) "Homeless youth" means persons found within the
4 State who are under the age of 19, are not in a safe and
5 stable living situation and cannot be reunited with their
6 families.

7 (3) "Child welfare services" means public social
8 services which are directed toward the accomplishment of
9 the following purposes:

10 (A) protecting and promoting the health, safety,
11 and welfare of children, including homeless,
12 dependent, or neglected children;

13 (B) remedying, or assisting in the solution of
14 problems which may result in, the neglect, abuse,
15 exploitation, or delinquency of children;

16 (C) preventing the unnecessary separation of
17 children from their families by identifying family
18 problems, assisting families in resolving their
19 problems, and preventing the breakup of the family
20 where the prevention of child removal is desirable and
21 possible when the child can be cared for at home
22 without endangering the child's health and safety;

23 (D) restoring to their families children who have
24 been removed, by the provision of services to the
25 child and the families when the child can be cared for
26 at home without endangering the child's health and

1 safety;

2 (E) placing children in suitable permanent family
3 arrangements, through guardianship or adoption, in
4 cases where restoration to the birth family is not
5 safe, possible, or appropriate;

6 (F) at the time of placement, conducting
7 concurrent planning, as described in subsection (1-1)
8 of this Section, so that permanency may occur at the
9 earliest opportunity. Consideration should be given so
10 that if reunification fails or is delayed, the
11 placement made is the best available placement to
12 provide permanency for the child;

13 (G) (blank);

14 (H) (blank); and

15 (I) placing and maintaining children in facilities
16 that provide separate living quarters for children
17 under the age of 18 and for children 18 years of age
18 and older, unless a child 18 years of age is in the
19 last year of high school education or vocational
20 training, in an approved individual or group treatment
21 program, in a licensed shelter facility, or secure
22 child care facility. The Department is not required to
23 place or maintain children:

24 (i) who are in a foster home, or

25 (ii) who are persons with a developmental
26 disability, as defined in the Mental Health and

1 Developmental Disabilities Code, or
2 (iii) who are female children who are
3 pregnant, pregnant and parenting, or parenting, or
4 (iv) who are siblings, in facilities that
5 provide separate living quarters for children 18
6 years of age and older and for children under 18
7 years of age.

8 (b) Nothing in this Section shall be construed to
9 authorize the expenditure of public funds for the purpose of
10 performing abortions. ~~(Blank).~~

11 (b-5) The Department shall adopt rules to establish a
12 process for all licensed residential providers in Illinois to
13 submit data as required by the Department, if they contract or
14 receive reimbursement for children's mental health, substance
15 use, and developmental disability services from the Department
16 of Human Services, the Department of Juvenile Justice, or the
17 Department of Healthcare and Family Services. The requested
18 data must include, but is not limited to, capacity, staffing,
19 and occupancy data for the purpose of establishing State need
20 and placement availability.

21 All information collected, shared, or stored pursuant to
22 this subsection shall be handled in accordance with all State
23 and federal privacy laws and accompanying regulations and
24 rules, including without limitation the federal Health
25 Insurance Portability and Accountability Act of 1996 (Public
26 Law 104-191) and the Mental Health and Developmental

1 Disabilities Confidentiality Act.

2 (c) The Department shall establish and maintain
3 tax-supported child welfare services and extend and seek to
4 improve voluntary services throughout the State, to the end
5 that services and care shall be available on an equal basis
6 throughout the State to children requiring such services.

7 (d) The Director may authorize advance disbursements for
8 any new program initiative to any agency contracting with the
9 Department. As a prerequisite for an advance disbursement, the
10 contractor must post a surety bond in the amount of the advance
11 disbursement and have a purchase of service contract approved
12 by the Department. The Department may pay up to 2 months
13 operational expenses in advance. The amount of the advance
14 disbursement shall be prorated over the life of the contract
15 or the remaining months of the fiscal year, whichever is less,
16 and the installment amount shall then be deducted from future
17 bills. Advance disbursement authorizations for new initiatives
18 shall not be made to any agency after that agency has operated
19 during 2 consecutive fiscal years. The requirements of this
20 Section concerning advance disbursements shall not apply with
21 respect to the following: payments to local public agencies
22 for child day care services as authorized by Section 5a of this
23 Act; and youth service programs receiving grant funds under
24 Section 17a-4.

25 (e) (Blank).

26 (f) (Blank).

1 (g) The Department shall establish rules and regulations
2 concerning its operation of programs designed to meet the
3 goals of child safety and protection, family preservation,
4 family reunification, and adoption, including, but not limited
5 to:

6 (1) adoption;

7 (2) foster care;

8 (3) family counseling;

9 (4) protective services;

10 (5) (blank);

11 (6) homemaker service;

12 (7) return of runaway children;

13 (8) (blank);

14 (9) placement under Section 5-7 of the Juvenile Court
15 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
16 Court Act of 1987 in accordance with the federal Adoption
17 Assistance and Child Welfare Act of 1980; and

18 (10) interstate services.

19 Rules and regulations established by the Department shall
20 include provisions for training Department staff and the staff
21 of Department grantees, through contracts with other agencies
22 or resources, in screening techniques to identify substance
23 use disorders, as defined in the Substance Use Disorder Act,
24 approved by the Department of Human Services, as a successor
25 to the Department of Alcoholism and Substance Abuse, for the
26 purpose of identifying children and adults who should be

1 referred for an assessment at an organization appropriately
2 licensed by the Department of Human Services for substance use
3 disorder treatment.

4 (h) If the Department finds that there is no appropriate
5 program or facility within or available to the Department for
6 a youth in care and that no licensed private facility has an
7 adequate and appropriate program or none agrees to accept the
8 youth in care, the Department shall create an appropriate
9 individualized, program-oriented plan for such youth in care.
10 The plan may be developed within the Department or through
11 purchase of services by the Department to the extent that it is
12 within its statutory authority to do.

13 (i) Service programs shall be available throughout the
14 State and shall include, but not be limited to, the following
15 services:

- 16 (1) case management;
- 17 (2) homemakers;
- 18 (3) counseling;
- 19 (4) parent education;
- 20 (5) day care; and
- 21 (6) emergency assistance and advocacy.

22 In addition, the following services may be made available
23 to assess and meet the needs of children and families:

- 24 (1) comprehensive family-based services;
- 25 (2) assessments;
- 26 (3) respite care; and

1 (4) in-home health services.

2 The Department shall provide transportation for any of the
3 services it makes available to children or families or for
4 which it refers children or families.

5 (j) The Department may provide categories of financial
6 assistance and education assistance grants, and shall
7 establish rules and regulations concerning the assistance and
8 grants, to persons who adopt children with physical or mental
9 disabilities, children who are older, or other hard-to-place
10 children who (i) immediately prior to their adoption were
11 youth in care or (ii) were determined eligible for financial
12 assistance with respect to a prior adoption and who become
13 available for adoption because the prior adoption has been
14 dissolved and the parental rights of the adoptive parents have
15 been terminated or because the child's adoptive parents have
16 died. The Department may continue to provide financial
17 assistance and education assistance grants for a child who was
18 determined eligible for financial assistance under this
19 subsection (j) in the interim period beginning when the
20 child's adoptive parents died and ending with the finalization
21 of the new adoption of the child by another adoptive parent or
22 parents. The Department may also provide categories of
23 financial assistance and education assistance grants, and
24 shall establish rules and regulations for the assistance and
25 grants, to persons appointed guardian of the person under
26 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,

1 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
2 who were youth in care for 12 months immediately prior to the
3 appointment of the guardian.

4 The amount of assistance may vary, depending upon the
5 needs of the child and the adoptive parents, as set forth in
6 the annual assistance agreement. Special purpose grants are
7 allowed where the child requires special service but such
8 costs may not exceed the amounts which similar services would
9 cost the Department if it were to provide or secure them as
10 guardian of the child.

11 Any financial assistance provided under this subsection is
12 inalienable by assignment, sale, execution, attachment,
13 garnishment, or any other remedy for recovery or collection of
14 a judgment or debt.

15 (j-5) The Department shall not deny or delay the placement
16 of a child for adoption if an approved family is available
17 either outside of the Department region handling the case, or
18 outside of the State of Illinois.

19 (k) The Department shall accept for care and training any
20 child who has been adjudicated neglected or abused, or
21 dependent committed to it pursuant to the Juvenile Court Act
22 or the Juvenile Court Act of 1987.

23 (l) The Department shall offer family preservation
24 services, as defined in Section 8.2 of the Abused and
25 Neglected Child Reporting Act, to help families, including
26 adoptive and extended families. Family preservation services

1 shall be offered (i) to prevent the placement of children in
2 substitute care when the children can be cared for at home or
3 in the custody of the person responsible for the children's
4 welfare, (ii) to reunite children with their families, or
5 (iii) to maintain an adoptive placement. Family preservation
6 services shall only be offered when doing so will not endanger
7 the children's health or safety. With respect to children who
8 are in substitute care pursuant to the Juvenile Court Act of
9 1987, family preservation services shall not be offered if a
10 goal other than those of subdivision ~~subdivisions~~ (A), (B), or
11 (B-1) of subsection (2) of Section 2-28 of that Act has been
12 set, except that reunification services may be offered as
13 provided in paragraph (F) of subsection (2) of Section 2-28 of
14 that Act. Nothing in this paragraph shall be construed to
15 create a private right of action or claim on the part of any
16 individual or child welfare agency, except that when a child
17 is the subject of an action under Article II of the Juvenile
18 Court Act of 1987 and the child's service plan calls for
19 services to facilitate achievement of the permanency goal, the
20 court hearing the action under Article II of the Juvenile
21 Court Act of 1987 may order the Department to provide the
22 services set out in the plan, if those services are not
23 provided with reasonable promptness and if those services are
24 available.

25 The Department shall notify the child and the child's
26 family of the Department's responsibility to offer and provide

1 family preservation services as identified in the service
2 plan. The child and the child's family shall be eligible for
3 services as soon as the report is determined to be
4 "indicated". The Department may offer services to any child or
5 family with respect to whom a report of suspected child abuse
6 or neglect has been filed, prior to concluding its
7 investigation under Section 7.12 of the Abused and Neglected
8 Child Reporting Act. However, the child's or family's
9 willingness to accept services shall not be considered in the
10 investigation. The Department may also provide services to any
11 child or family who is the subject of any report of suspected
12 child abuse or neglect or may refer such child or family to
13 services available from other agencies in the community, even
14 if the report is determined to be unfounded, if the conditions
15 in the child's or family's home are reasonably likely to
16 subject the child or family to future reports of suspected
17 child abuse or neglect. Acceptance of such services shall be
18 voluntary. The Department may also provide services to any
19 child or family after completion of a family assessment, as an
20 alternative to an investigation, as provided under the
21 "differential response program" provided for in subsection
22 (a-5) of Section 7.4 of the Abused and Neglected Child
23 Reporting Act.

24 The Department may, at its discretion except for those
25 children also adjudicated neglected or dependent, accept for
26 care and training any child who has been adjudicated addicted,

1 as a truant minor in need of supervision or as a minor
2 requiring authoritative intervention, under the Juvenile Court
3 Act or the Juvenile Court Act of 1987, but no such child shall
4 be committed to the Department by any court without the
5 approval of the Department. On and after January 1, 2015 (the
6 effective date of Public Act 98-803) and before January 1,
7 2017, a minor charged with a criminal offense under the
8 Criminal Code of 1961 or the Criminal Code of 2012 or
9 adjudicated delinquent shall not be placed in the custody of
10 or committed to the Department by any court, except (i) a minor
11 less than 16 years of age committed to the Department under
12 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
13 for whom an independent basis of abuse, neglect, or dependency
14 exists, which must be defined by departmental rule, or (iii) a
15 minor for whom the court has granted a supplemental petition
16 to reinstate wardship pursuant to subsection (2) of Section
17 2-33 of the Juvenile Court Act of 1987. On and after January 1,
18 2017, a minor charged with a criminal offense under the
19 Criminal Code of 1961 or the Criminal Code of 2012 or
20 adjudicated delinquent shall not be placed in the custody of
21 or committed to the Department by any court, except (i) a minor
22 less than 15 years of age committed to the Department under
23 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
24 for whom an independent basis of abuse, neglect, or dependency
25 exists, which must be defined by departmental rule, or (iii) a
26 minor for whom the court has granted a supplemental petition

1 to reinstate wardship pursuant to subsection (2) of Section
2 2-33 of the Juvenile Court Act of 1987. An independent basis
3 exists when the allegations or adjudication of abuse, neglect,
4 or dependency do not arise from the same facts, incident, or
5 circumstances which give rise to a charge or adjudication of
6 delinquency. The Department shall assign a caseworker to
7 attend any hearing involving a youth in the care and custody of
8 the Department who is placed on aftercare release, including
9 hearings involving sanctions for violation of aftercare
10 release conditions and aftercare release revocation hearings.

11 As soon as is possible after August 7, 2009 (the effective
12 date of Public Act 96-134), the Department shall develop and
13 implement a special program of family preservation services to
14 support intact, foster, and adoptive families who are
15 experiencing extreme hardships due to the difficulty and
16 stress of caring for a child who has been diagnosed with a
17 pervasive developmental disorder if the Department determines
18 that those services are necessary to ensure the health and
19 safety of the child. The Department may offer services to any
20 family whether or not a report has been filed under the Abused
21 and Neglected Child Reporting Act. The Department may refer
22 the child or family to services available from other agencies
23 in the community if the conditions in the child's or family's
24 home are reasonably likely to subject the child or family to
25 future reports of suspected child abuse or neglect. Acceptance
26 of these services shall be voluntary. The Department shall

1 develop and implement a public information campaign to alert
2 health and social service providers and the general public
3 about these special family preservation services. The nature
4 and scope of the services offered and the number of families
5 served under the special program implemented under this
6 paragraph shall be determined by the level of funding that the
7 Department annually allocates for this purpose. The term
8 "pervasive developmental disorder" under this paragraph means
9 a neurological condition, including, but not limited to,
10 Asperger's Syndrome and autism, as defined in the most recent
11 edition of the Diagnostic and Statistical Manual of Mental
12 Disorders of the American Psychiatric Association.

13 (1-1) The General Assembly recognizes that the best
14 interests of the child require that the child be placed in the
15 most permanent living arrangement as soon as is practically
16 possible. To achieve this goal, the General Assembly directs
17 the Department of Children and Family Services to conduct
18 concurrent planning so that permanency may occur at the
19 earliest opportunity. Permanent living arrangements may
20 include prevention of placement of a child outside the home of
21 the family when the child can be cared for at home without
22 endangering the child's health or safety; reunification with
23 the family, when safe and appropriate, if temporary placement
24 is necessary; or movement of the child toward the most
25 permanent living arrangement and permanent legal status.

26 When determining reasonable efforts to be made with

1 respect to a child, as described in this subsection, and in
2 making such reasonable efforts, the child's health and safety
3 shall be the paramount concern.

4 When a child is placed in foster care, the Department
5 shall ensure and document that reasonable efforts were made to
6 prevent or eliminate the need to remove the child from the
7 child's home. The Department must make reasonable efforts to
8 reunify the family when temporary placement of the child
9 occurs unless otherwise required, pursuant to the Juvenile
10 Court Act of 1987. At any time after the dispositional hearing
11 where the Department believes that further reunification
12 services would be ineffective, it may request a finding from
13 the court that reasonable efforts are no longer appropriate.
14 The Department is not required to provide further
15 reunification services after such a finding.

16 A decision to place a child in substitute care shall be
17 made with considerations of the child's health, safety, and
18 best interests. At the time of placement, consideration should
19 also be given so that if reunification fails or is delayed, the
20 placement made is the best available placement to provide
21 permanency for the child.

22 The Department shall adopt rules addressing concurrent
23 planning for reunification and permanency. The Department
24 shall consider the following factors when determining
25 appropriateness of concurrent planning:

26 (1) the likelihood of prompt reunification;

- 1 (2) the past history of the family;
- 2 (3) the barriers to reunification being addressed by
- 3 the family;
- 4 (4) the level of cooperation of the family;
- 5 (5) the foster parents' willingness to work with the
- 6 family to reunite;
- 7 (6) the willingness and ability of the foster family
- 8 to provide an adoptive home or long-term placement;
- 9 (7) the age of the child;
- 10 (8) placement of siblings.

11 (m) The Department may assume temporary custody of any
12 child if:

- 13 (1) it has received a written consent to such
- 14 temporary custody signed by the parents of the child or by
- 15 the parent having custody of the child if the parents are
- 16 not living together or by the guardian or custodian of the
- 17 child if the child is not in the custody of either parent,
- 18 or
- 19 (2) the child is found in the State and neither a
- 20 parent, guardian, nor custodian of the child can be
- 21 located.

22 If the child is found in the child's residence without a
23 parent, guardian, custodian, or responsible caretaker, the
24 Department may, instead of removing the child and assuming
25 temporary custody, place an authorized representative of the
26 Department in that residence until such time as a parent,

1 guardian, or custodian enters the home and expresses a
2 willingness and apparent ability to ensure the child's health
3 and safety and resume permanent charge of the child, or until a
4 relative enters the home and is willing and able to ensure the
5 child's health and safety and assume charge of the child until
6 a parent, guardian, or custodian enters the home and expresses
7 such willingness and ability to ensure the child's safety and
8 resume permanent charge. After a caretaker has remained in the
9 home for a period not to exceed 12 hours, the Department must
10 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
11 5-415 of the Juvenile Court Act of 1987.

12 The Department shall have the authority, responsibilities,l
13 and duties that a legal custodian of the child would have
14 pursuant to subsection (9) of Section 1-3 of the Juvenile
15 Court Act of 1987. Whenever a child is taken into temporary
16 custody pursuant to an investigation under the Abused and
17 Neglected Child Reporting Act, or pursuant to a referral and
18 acceptance under the Juvenile Court Act of 1987 of a minor in
19 limited custody, the Department, during the period of
20 temporary custody and before the child is brought before a
21 judicial officer as required by Section 2-9, 3-11, 4-8, or
22 5-415 of the Juvenile Court Act of 1987, shall have the
23 authority, responsibilities,l and duties that a legal custodian
24 of the child would have under subsection (9) of Section 1-3 of
25 the Juvenile Court Act of 1987.

26 The Department shall ensure that any child taken into

1 custody is scheduled for an appointment for a medical
2 examination.

3 A parent, guardian, or custodian of a child in the
4 temporary custody of the Department who would have custody of
5 the child if the child were not in the temporary custody of the
6 Department may deliver to the Department a signed request that
7 the Department surrender the temporary custody of the child.
8 The Department may retain temporary custody of the child for
9 10 days after the receipt of the request, during which period
10 the Department may cause to be filed a petition pursuant to the
11 Juvenile Court Act of 1987. If a petition is so filed, the
12 Department shall retain temporary custody of the child until
13 the court orders otherwise. If a petition is not filed within
14 the 10-day period, the child shall be surrendered to the
15 custody of the requesting parent, guardian, or custodian not
16 later than the expiration of the 10-day period, at which time
17 the authority and duties of the Department with respect to the
18 temporary custody of the child shall terminate.

19 (m-1) The Department may place children under 18 years of
20 age in a secure child care facility licensed by the Department
21 that cares for children who are in need of secure living
22 arrangements for their health, safety, and well-being after a
23 determination is made by the facility director and the
24 Director or the Director's designate prior to admission to the
25 facility subject to Section 2-27.1 of the Juvenile Court Act
26 of 1987. This subsection (m-1) does not apply to a child who is

1 subject to placement in a correctional facility operated
2 pursuant to Section 3-15-2 of the Unified Code of Corrections,
3 unless the child is a youth in care who was placed in the care
4 of the Department before being subject to placement in a
5 correctional facility and a court of competent jurisdiction
6 has ordered placement of the child in a secure care facility.

7 (n) The Department may place children under 18 years of
8 age in licensed child care facilities when in the opinion of
9 the Department, appropriate services aimed at family
10 preservation have been unsuccessful and cannot ensure the
11 child's health and safety or are unavailable and such
12 placement would be for their best interest. Payment for board,
13 clothing, care, training, and supervision of any child placed
14 in a licensed child care facility may be made by the
15 Department, by the parents or guardians of the estates of
16 those children, or by both the Department and the parents or
17 guardians, except that no payments shall be made by the
18 Department for any child placed in a licensed child care
19 facility for board, clothing, care, training, and supervision
20 of such a child that exceed the average per capita cost of
21 maintaining and of caring for a child in institutions for
22 dependent or neglected children operated by the Department.
23 However, such restriction on payments does not apply in cases
24 where children require specialized care and treatment for
25 problems of severe emotional disturbance, physical disability,
26 social adjustment, or any combination thereof and suitable

1 facilities for the placement of such children are not
2 available at payment rates within the limitations set forth in
3 this Section. All reimbursements for services delivered shall
4 be absolutely inalienable by assignment, sale, attachment, or
5 garnishment or otherwise.

6 (n-1) The Department shall provide or authorize child
7 welfare services, aimed at assisting minors to achieve
8 sustainable self-sufficiency as independent adults, for any
9 minor eligible for the reinstatement of wardship pursuant to
10 subsection (2) of Section 2-33 of the Juvenile Court Act of
11 1987, whether or not such reinstatement is sought or allowed,
12 provided that the minor consents to such services and has not
13 yet attained the age of 21. The Department shall have
14 responsibility for the development and delivery of services
15 under this Section. An eligible youth may access services
16 under this Section through the Department of Children and
17 Family Services or by referral from the Department of Human
18 Services. Youth participating in services under this Section
19 shall cooperate with the assigned case manager in developing
20 an agreement identifying the services to be provided and how
21 the youth will increase skills to achieve self-sufficiency. A
22 homeless shelter is not considered appropriate housing for any
23 youth receiving child welfare services under this Section. The
24 Department shall continue child welfare services under this
25 Section to any eligible minor until the minor becomes 21 years
26 of age, no longer consents to participate, or achieves

1 self-sufficiency as identified in the minor's service plan.
2 The Department of Children and Family Services shall create
3 clear, readable notice of the rights of former foster youth to
4 child welfare services under this Section and how such
5 services may be obtained. The Department of Children and
6 Family Services and the Department of Human Services shall
7 disseminate this information statewide. The Department shall
8 adopt regulations describing services intended to assist
9 minors in achieving sustainable self-sufficiency as
10 independent adults.

11 (o) The Department shall establish an administrative
12 review and appeal process for children and families who
13 request or receive child welfare services from the Department.
14 Youth in care who are placed by private child welfare
15 agencies, and foster families with whom those youth are
16 placed, shall be afforded the same procedural and appeal
17 rights as children and families in the case of placement by the
18 Department, including the right to an initial review of a
19 private agency decision by that agency. The Department shall
20 ensure that any private child welfare agency, which accepts
21 youth in care for placement, affords those rights to children
22 and foster families. The Department shall accept for
23 administrative review and an appeal hearing a complaint made
24 by (i) a child or foster family concerning a decision
25 following an initial review by a private child welfare agency
26 or (ii) a prospective adoptive parent who alleges a violation

1 of subsection (j-5) of this Section. An appeal of a decision
2 concerning a change in the placement of a child shall be
3 conducted in an expedited manner. A court determination that a
4 current foster home placement is necessary and appropriate
5 under Section 2-28 of the Juvenile Court Act of 1987 does not
6 constitute a judicial determination on the merits of an
7 administrative appeal, filed by a former foster parent,
8 involving a change of placement decision.

9 (p) (Blank).

10 (q) The Department may receive and use, in their entirety,
11 for the benefit of children any gift, donation, or bequest of
12 money or other property which is received on behalf of such
13 children, or any financial benefits to which such children are
14 or may become entitled while under the jurisdiction or care of
15 the Department, except that the benefits described in Section
16 5.46 must be used and conserved consistent with the provisions
17 under Section 5.46.

18 The Department shall set up and administer no-cost,
19 interest-bearing accounts in appropriate financial
20 institutions for children for whom the Department is legally
21 responsible and who have been determined eligible for
22 Veterans' Benefits, Social Security benefits, assistance
23 allotments from the armed forces, court ordered payments,
24 parental voluntary payments, Supplemental Security Income,
25 Railroad Retirement payments, Black Lung benefits, or other
26 miscellaneous payments. Interest earned by each account shall

1 be credited to the account, unless disbursed in accordance
2 with this subsection.

3 In disbursing funds from children's accounts, the
4 Department shall:

5 (1) Establish standards in accordance with State and
6 federal laws for disbursing money from children's
7 accounts. In all circumstances, the Department's
8 Guardianship Administrator or the Guardianship
9 Administrator's designee must approve disbursements from
10 children's accounts. The Department shall be responsible
11 for keeping complete records of all disbursements for each
12 account for any purpose.

13 (2) Calculate on a monthly basis the amounts paid from
14 State funds for the child's board and care, medical care
15 not covered under Medicaid, and social services; and
16 utilize funds from the child's account, as covered by
17 regulation, to reimburse those costs. Monthly,
18 disbursements from all children's accounts, up to 1/12 of
19 \$13,000,000, shall be deposited by the Department into the
20 General Revenue Fund and the balance over 1/12 of
21 \$13,000,000 into the DCFS Children's Services Fund.

22 (3) Maintain any balance remaining after reimbursing
23 for the child's costs of care, as specified in item (2).
24 The balance shall accumulate in accordance with relevant
25 State and federal laws and shall be disbursed to the child
26 or the child's guardian, or to the issuing agency.

1 (r) The Department shall promulgate regulations
2 encouraging all adoption agencies to voluntarily forward to
3 the Department or its agent names and addresses of all persons
4 who have applied for and have been approved for adoption of a
5 hard-to-place child or child with a disability and the names
6 of such children who have not been placed for adoption. A list
7 of such names and addresses shall be maintained by the
8 Department or its agent, and coded lists which maintain the
9 confidentiality of the person seeking to adopt the child and
10 of the child shall be made available, without charge, to every
11 adoption agency in the State to assist the agencies in placing
12 such children for adoption. The Department may delegate to an
13 agent its duty to maintain and make available such lists. The
14 Department shall ensure that such agent maintains the
15 confidentiality of the person seeking to adopt the child and
16 of the child.

17 (s) The Department of Children and Family Services may
18 establish and implement a program to reimburse Department and
19 private child welfare agency foster parents licensed by the
20 Department of Children and Family Services for damages
21 sustained by the foster parents as a result of the malicious or
22 negligent acts of foster children, as well as providing third
23 party coverage for such foster parents with regard to actions
24 of foster children to other individuals. Such coverage will be
25 secondary to the foster parent liability insurance policy, if
26 applicable. The program shall be funded through appropriations

1 from the General Revenue Fund, specifically designated for
2 such purposes.

3 (t) The Department shall perform home studies and
4 investigations and shall exercise supervision over visitation
5 as ordered by a court pursuant to the Illinois Marriage and
6 Dissolution of Marriage Act or the Adoption Act only if:

7 (1) an order entered by an Illinois court specifically
8 directs the Department to perform such services; and

9 (2) the court has ordered one or both of the parties to
10 the proceeding to reimburse the Department for its
11 reasonable costs for providing such services in accordance
12 with Department rules, or has determined that neither
13 party is financially able to pay.

14 The Department shall provide written notification to the
15 court of the specific arrangements for supervised visitation
16 and projected monthly costs within 60 days of the court order.
17 The Department shall send to the court information related to
18 the costs incurred except in cases where the court has
19 determined the parties are financially unable to pay. The
20 court may order additional periodic reports as appropriate.

21 (u) In addition to other information that must be
22 provided, whenever the Department places a child with a
23 prospective adoptive parent or parents, in a licensed foster
24 home, group home, or child care institution, or in a relative
25 home, the Department shall provide to the prospective adoptive
26 parent or parents or other caretaker:

1 (1) available detailed information concerning the
2 child's educational and health history, copies of
3 immunization records (including insurance and medical card
4 information), a history of the child's previous
5 placements, if any, and reasons for placement changes
6 excluding any information that identifies or reveals the
7 location of any previous caretaker;

8 (2) a copy of the child's portion of the client
9 service plan, including any visitation arrangement, and
10 all amendments or revisions to it as related to the child;
11 and

12 (3) information containing details of the child's
13 individualized educational plan when the child is
14 receiving special education services.

15 The caretaker shall be informed of any known social or
16 behavioral information (including, but not limited to,
17 criminal background, fire setting, perpetuation of sexual
18 abuse, destructive behavior, and substance abuse) necessary to
19 care for and safeguard the children to be placed or currently
20 in the home. The Department may prepare a written summary of
21 the information required by this paragraph, which may be
22 provided to the foster or prospective adoptive parent in
23 advance of a placement. The foster or prospective adoptive
24 parent may review the supporting documents in the child's file
25 in the presence of casework staff. In the case of an emergency
26 placement, casework staff shall at least provide known

1 information verbally, if necessary, and must subsequently
2 provide the information in writing as required by this
3 subsection.

4 The information described in this subsection shall be
5 provided in writing. In the case of emergency placements when
6 time does not allow prior review, preparation, and collection
7 of written information, the Department shall provide such
8 information as it becomes available. Within 10 business days
9 after placement, the Department shall obtain from the
10 prospective adoptive parent or parents or other caretaker a
11 signed verification of receipt of the information provided.
12 Within 10 business days after placement, the Department shall
13 provide to the child's guardian ad litem a copy of the
14 information provided to the prospective adoptive parent or
15 parents or other caretaker. The information provided to the
16 prospective adoptive parent or parents or other caretaker
17 shall be reviewed and approved regarding accuracy at the
18 supervisory level.

19 (u-5) Effective July 1, 1995, only foster care placements
20 licensed as foster family homes pursuant to the Child Care Act
21 of 1969 shall be eligible to receive foster care payments from
22 the Department. Relative caregivers who, as of July 1, 1995,
23 were approved pursuant to approved relative placement rules
24 previously promulgated by the Department at 89 Ill. Adm. Code
25 335 and had submitted an application for licensure as a foster
26 family home may continue to receive foster care payments only

1 until the Department determines that they may be licensed as a
2 foster family home or that their application for licensure is
3 denied or until September 30, 1995, whichever occurs first.

4 (v) The Department shall access criminal history record
5 information as defined in the Illinois Uniform Conviction
6 Information Act and information maintained in the adjudicatory
7 and dispositional record system as defined in Section 2605-355
8 of the Illinois State Police Law if the Department determines
9 the information is necessary to perform its duties under the
10 Abused and Neglected Child Reporting Act, the Child Care Act
11 of 1969, and the Children and Family Services Act. The
12 Department shall provide for interactive computerized
13 communication and processing equipment that permits direct
14 on-line communication with the Illinois State Police's central
15 criminal history data repository. The Department shall comply
16 with all certification requirements and provide certified
17 operators who have been trained by personnel from the Illinois
18 State Police. In addition, one Office of the Inspector General
19 investigator shall have training in the use of the criminal
20 history information access system and have access to the
21 terminal. The Department of Children and Family Services and
22 its employees shall abide by rules and regulations established
23 by the Illinois State Police relating to the access and
24 dissemination of this information.

25 (v-1) Prior to final approval for placement of a child,
26 the Department shall conduct a criminal records background

1 check of the prospective foster or adoptive parent, including
2 fingerprint-based checks of national crime information
3 databases. Final approval for placement shall not be granted
4 if the record check reveals a felony conviction for child
5 abuse or neglect, for spousal abuse, for a crime against
6 children, or for a crime involving violence, including rape,
7 sexual assault, or homicide, but not including other physical
8 assault or battery, or if there is a felony conviction for
9 physical assault, battery, or a drug-related offense committed
10 within the past 5 years.

11 (v-2) Prior to final approval for placement of a child,
12 the Department shall check its child abuse and neglect
13 registry for information concerning prospective foster and
14 adoptive parents, and any adult living in the home. If any
15 prospective foster or adoptive parent or other adult living in
16 the home has resided in another state in the preceding 5 years,
17 the Department shall request a check of that other state's
18 child abuse and neglect registry.

19 (w) Within 120 days of August 20, 1995 (the effective date
20 of Public Act 89-392), the Department shall prepare and submit
21 to the Governor and the General Assembly, a written plan for
22 the development of in-state licensed secure child care
23 facilities that care for children who are in need of secure
24 living arrangements for their health, safety, and well-being.
25 For purposes of this subsection, secure care facility shall
26 mean a facility that is designed and operated to ensure that

1 all entrances and exits from the facility, a building or a
2 distinct part of the building, are under the exclusive control
3 of the staff of the facility, whether or not the child has the
4 freedom of movement within the perimeter of the facility,
5 building, or distinct part of the building. The plan shall
6 include descriptions of the types of facilities that are
7 needed in Illinois; the cost of developing these secure care
8 facilities; the estimated number of placements; the potential
9 cost savings resulting from the movement of children currently
10 out-of-state who are projected to be returned to Illinois; the
11 necessary geographic distribution of these facilities in
12 Illinois; and a proposed timetable for development of such
13 facilities.

14 (x) The Department shall conduct annual credit history
15 checks to determine the financial history of children placed
16 under its guardianship pursuant to the Juvenile Court Act of
17 1987. The Department shall conduct such credit checks starting
18 when a youth in care turns 12 years old and each year
19 thereafter for the duration of the guardianship as terminated
20 pursuant to the Juvenile Court Act of 1987. The Department
21 shall determine if financial exploitation of the child's
22 personal information has occurred. If financial exploitation
23 appears to have taken place or is presently ongoing, the
24 Department shall notify the proper law enforcement agency, the
25 proper State's Attorney, or the Attorney General.

26 (y) Beginning on July 22, 2010 (the effective date of

1 Public Act 96-1189), a child with a disability who receives
2 residential and educational services from the Department shall
3 be eligible to receive transition services in accordance with
4 Article 14 of the School Code from the age of 14.5 through age
5 21, inclusive, notwithstanding the child's residential
6 services arrangement. For purposes of this subsection, "child
7 with a disability" means a child with a disability as defined
8 by the federal Individuals with Disabilities Education
9 Improvement Act of 2004.

10 (z) The Department shall access criminal history record
11 information as defined as "background information" in this
12 subsection and criminal history record information as defined
13 in the Illinois Uniform Conviction Information Act for each
14 Department employee or Department applicant. Each Department
15 employee or Department applicant shall submit the employee's
16 or applicant's fingerprints to the Illinois State Police in
17 the form and manner prescribed by the Illinois State Police.
18 These fingerprints shall be checked against the fingerprint
19 records now and hereafter filed in the Illinois State Police
20 and the Federal Bureau of Investigation criminal history
21 records databases. The Illinois State Police shall charge a
22 fee for conducting the criminal history record check, which
23 shall be deposited into the State Police Services Fund and
24 shall not exceed the actual cost of the record check. The
25 Illinois State Police shall furnish, pursuant to positive
26 identification, all Illinois conviction information to the

1 Department of Children and Family Services.

2 For purposes of this subsection:

3 "Background information" means all of the following:

4 (i) Upon the request of the Department of Children and
5 Family Services, conviction information obtained from the
6 Illinois State Police as a result of a fingerprint-based
7 criminal history records check of the Illinois criminal
8 history records database and the Federal Bureau of
9 Investigation criminal history records database concerning
10 a Department employee or Department applicant.

11 (ii) Information obtained by the Department of
12 Children and Family Services after performing a check of
13 the Illinois State Police's Sex Offender Database, as
14 authorized by Section 120 of the Sex Offender Community
15 Notification Law, concerning a Department employee or
16 Department applicant.

17 (iii) Information obtained by the Department of
18 Children and Family Services after performing a check of
19 the Child Abuse and Neglect Tracking System (CANTS)
20 operated and maintained by the Department.

21 "Department employee" means a full-time or temporary
22 employee coded or certified within the State of Illinois
23 Personnel System.

24 "Department applicant" means an individual who has
25 conditional Department full-time or part-time work, a
26 contractor, an individual used to replace or supplement staff,

1 an academic intern, a volunteer in Department offices or on
2 Department contracts, a work-study student, an individual or
3 entity licensed by the Department, or an unlicensed service
4 provider who works as a condition of a contract or an agreement
5 and whose work may bring the unlicensed service provider into
6 contact with Department clients or client records.

7 (Source: P.A. 102-538, eff. 8-20-21; 102-558, eff. 8-20-21;
8 102-1014, eff. 5-27-22; 103-22, eff. 8-8-23; 103-50, eff.
9 1-1-24; 103-546, eff. 8-11-23; revised 9-25-23.)

10 Section 5-20. The Criminal Identification Act is amended
11 by changing Section 3.2 as follows:

12 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

13 Sec. 3.2. ~~(a)~~ It is the duty of any person conducting or
14 operating a medical facility, or any physician or nurse as
15 soon as treatment permits to notify the local law enforcement
16 agency of that jurisdiction upon the application for treatment
17 of a person who is not accompanied by a law enforcement
18 officer, when it reasonably appears that the person requesting
19 treatment has received:

20 (1) any injury resulting from the discharge of a
21 firearm; or

22 (2) any injury sustained in the commission of or as a
23 victim of a criminal offense.

24 Any hospital, physician, or nurse shall be forever held

1 harmless from any civil liability for their reasonable
2 compliance with the provisions of this Section.

3 ~~(b) Notwithstanding subsection (a), nothing in this~~
4 ~~Section shall be construed to require the reporting of lawful~~
5 ~~health care activity, whether such activity may constitute a~~
6 ~~violation of another state's law.~~

7 ~~(c) As used in this Section:~~

8 ~~"Lawful health care" means:~~

9 ~~(1) reproductive health care that is not unlawful~~
10 ~~under the laws of this State or was not unlawful under the~~
11 ~~laws of this State as of January 13, 2023 (the effective~~
12 ~~date of Public Act 102-1117), including on any theory of~~
13 ~~vicarious, joint, several, or conspiracy liability; or~~

14 ~~(2) the treatment of gender dysphoria or the~~
15 ~~affirmation of an individual's gender identity or gender~~
16 ~~expression, including but not limited to, all supplies,~~
17 ~~care, and services of a medical, behavioral health, mental~~
18 ~~health, surgical, psychiatric, therapeutic, diagnostic,~~
19 ~~preventative, rehabilitative, or supportive nature that is~~
20 ~~not unlawful under the laws of this State or was not~~
21 ~~unlawful under the laws of this State as of January 13,~~
22 ~~2023 (the effective date of Public Act 102-1117),~~
23 ~~including on any theory of vicarious, joint, several, or~~
24 ~~conspiracy liability.~~

25 ~~"Lawful health care activity" means seeking, providing,~~
26 ~~receiving, assisting in seeking, providing, or receiving,~~

1 ~~providing material support for, or traveling to obtain lawful~~
2 ~~health care.~~

3 (Source: P.A. 102-1117, eff. 1-13-23; 103-551, eff. 8-11-23.)

4 Section 5-25. The Counties Code is amended by changing
5 Sections 3-3013, 3-4006, and 5-1069.3 as follows:

6 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

7 Sec. 3-3013. Preliminary investigations; blood and urine
8 analysis; summoning jury; reports. Every coroner, whenever,
9 as soon as he knows or is informed that the dead body of any
10 person is found, or lying within his county, whose death is
11 suspected of being:

12 (a) A sudden or violent death, whether apparently
13 suicidal, homicidal, or accidental, including, but not
14 limited to, deaths apparently caused or contributed to by
15 thermal, traumatic, chemical, electrical, or radiational
16 injury, or a complication of any of them, or by drowning or
17 suffocation, or as a result of domestic violence as
18 defined in the Illinois Domestic Violence Act of 1986;

19 (b) A maternal or fetal death due to abortion, or any
20 death due to a sex crime or a crime against nature;

21 (c) A death where the circumstances are suspicious,
22 obscure, mysterious, or otherwise unexplained or where, in
23 the written opinion of the attending physician, the cause
24 of death is not determined;

1 (d) A death where addiction to alcohol or to any drug
2 may have been a contributory cause; or

3 (e) A death where the decedent was not attended by a
4 licensed physician;

5 shall go to the place where the dead body is and take charge of
6 the same and shall make a preliminary investigation into the
7 circumstances of the death. In the case of death without
8 attendance by a licensed physician, the body may be moved with
9 the coroner's consent from the place of death to a mortuary in
10 the same county. Coroners in their discretion shall notify
11 such physician as is designated in accordance with Section
12 3-3014 to attempt to ascertain the cause of death, either by
13 autopsy or otherwise.

14 In cases of accidental death involving a motor vehicle in
15 which the decedent was (1) the operator or a suspected
16 operator of a motor vehicle, or (2) a pedestrian 16 years of
17 age or older, the coroner shall require that a blood specimen
18 of at least 30 cc., and if medically possible a urine specimen
19 of at least 30 cc. or as much as possible up to 30 cc., be
20 withdrawn from the body of the decedent in a timely fashion
21 after the crash causing his death, by such physician as has
22 been designated in accordance with Section 3-3014, or by the
23 coroner or deputy coroner or a qualified person designated by
24 such physician, coroner, or deputy coroner. If the county does
25 not maintain laboratory facilities for making such analysis,
26 the blood and urine so drawn shall be sent to the Illinois

1 State Police or any other accredited or State-certified
2 laboratory for analysis of the alcohol, carbon monoxide, and
3 dangerous or narcotic drug content of such blood and urine
4 specimens. Each specimen submitted shall be accompanied by
5 pertinent information concerning the decedent upon a form
6 prescribed by such laboratory. Any person drawing blood and
7 urine and any person making any examination of the blood and
8 urine under the terms of this Division shall be immune from all
9 liability, civil or criminal, that might otherwise be incurred
10 or imposed.

11 In all other cases coming within the jurisdiction of the
12 coroner and referred to in subparagraphs (a) through (e)
13 above, blood, and, whenever possible, urine samples shall be
14 analyzed for the presence of alcohol and other drugs. When the
15 coroner suspects that drugs may have been involved in the
16 death, either directly or indirectly, a toxicological
17 examination shall be performed which may include analyses of
18 blood, urine, bile, gastric contents, and other tissues. When
19 the coroner suspects a death is due to toxic substances, other
20 than drugs, the coroner shall consult with the toxicologist
21 prior to collection of samples. Information submitted to the
22 toxicologist shall include information as to height, weight,
23 age, sex, and race of the decedent as well as medical history,
24 medications used by, and the manner of death of the decedent.

25 When the coroner or medical examiner finds that the cause
26 of death is due to homicidal means, the coroner or medical

1 examiner shall cause blood and buccal specimens (tissue may be
2 submitted if no uncontaminated blood or buccal specimen can be
3 obtained), whenever possible, to be withdrawn from the body of
4 the decedent in a timely fashion. For proper preservation of
5 the specimens, collected blood and buccal specimens shall be
6 dried and tissue specimens shall be frozen if available
7 equipment exists. As soon as possible, but no later than 30
8 days after the collection of the specimens, the coroner or
9 medical examiner shall release those specimens to the police
10 agency responsible for investigating the death. As soon as
11 possible, but no later than 30 days after the receipt from the
12 coroner or medical examiner, the police agency shall submit
13 the specimens using the agency case number to a National DNA
14 Index System (NDIS) participating laboratory within this
15 State, such as the Illinois State Police, Division of Forensic
16 Services, for analysis and categorizing into genetic marker
17 groupings. The results of the analysis and categorizing into
18 genetic marker groupings shall be provided to the Illinois
19 State Police and shall be maintained by the Illinois State
20 Police in the State central repository in the same manner, and
21 subject to the same conditions, as provided in Section 5-4-3
22 of the Unified Code of Corrections. The requirements of this
23 paragraph are in addition to any other findings, specimens, or
24 information that the coroner or medical examiner is required
25 to provide during the conduct of a criminal investigation.

26 In all counties, in cases of apparent suicide, homicide,

1 or accidental death or in other cases, within the discretion
2 of the coroner, the coroner may summon 8 persons of lawful age
3 from those persons drawn for petit jurors in the county. The
4 summons shall command these persons to present themselves
5 personally at such a place and time as the coroner shall
6 determine, and may be in any form which the coroner shall
7 determine and may incorporate any reasonable form of request
8 for acknowledgment which the coroner deems practical and
9 provides a reliable proof of service. The summons may be
10 served by first class mail. From the 8 persons so summoned, the
11 coroner shall select 6 to serve as the jury for the inquest.
12 Inquests may be continued from time to time, as the coroner may
13 deem necessary. The 6 jurors selected in a given case may view
14 the body of the deceased. If at any continuation of an inquest
15 one or more of the original jurors shall be unable to continue
16 to serve, the coroner shall fill the vacancy or vacancies. A
17 juror serving pursuant to this paragraph shall receive
18 compensation from the county at the same rate as the rate of
19 compensation that is paid to petit or grand jurors in the
20 county. The coroner shall furnish to each juror without fee at
21 the time of his discharge a certificate of the number of days
22 in attendance at an inquest, and, upon being presented with
23 such certificate, the county treasurer shall pay to the juror
24 the sum provided for his services.

25 In counties which have a jury commission, in cases of
26 apparent suicide or homicide or of accidental death, the

1 coroner may conduct an inquest. The jury commission shall
2 provide at least 8 jurors to the coroner, from whom the coroner
3 shall select any 6 to serve as the jury for the inquest.
4 Inquests may be continued from time to time as the coroner may
5 deem necessary. The 6 jurors originally chosen in a given case
6 may view the body of the deceased. If at any continuation of an
7 inquest one or more of the 6 jurors originally chosen shall be
8 unable to continue to serve, the coroner shall fill the
9 vacancy or vacancies. At the coroner's discretion, additional
10 jurors to fill such vacancies shall be supplied by the jury
11 commission. A juror serving pursuant to this paragraph in such
12 county shall receive compensation from the county at the same
13 rate as the rate of compensation that is paid to petit or grand
14 jurors in the county.

15 In every case in which a fire is determined to be a
16 contributing factor in a death, the coroner shall report the
17 death to the Office of the State Fire Marshal. The coroner
18 shall provide a copy of the death certificate (i) within 30
19 days after filing the permanent death certificate and (ii) in
20 a manner that is agreed upon by the coroner and the State Fire
21 Marshal.

22 In every case in which a drug overdose is determined to be
23 the cause or a contributing factor in the death, the coroner or
24 medical examiner shall report the death to the Department of
25 Public Health. The Department of Public Health shall adopt
26 rules regarding specific information that must be reported in

1 the event of such a death. If possible, the coroner shall
2 report the cause of the overdose. As used in this Section,
3 "overdose" has the same meaning as it does in Section 414 of
4 the Illinois Controlled Substances Act. The Department of
5 Public Health shall issue a semiannual report to the General
6 Assembly summarizing the reports received. The Department
7 shall also provide on its website a monthly report of overdose
8 death figures organized by location, age, and any other
9 factors the Department deems appropriate.

10 In addition, in every case in which domestic violence is
11 determined to be a contributing factor in a death, the coroner
12 shall report the death to the Illinois State Police.

13 All deaths in State institutions and all deaths of wards
14 of the State or youth in care as defined in Section 4d of the
15 Children and Family Services Act in private care facilities or
16 in programs funded by the Department of Human Services under
17 its powers relating to mental health and developmental
18 disabilities or alcoholism and substance abuse or funded by
19 the Department of Children and Family Services shall be
20 reported to the coroner of the county in which the facility is
21 located. If the coroner has reason to believe that an
22 investigation is needed to determine whether the death was
23 caused by maltreatment or negligent care of the ward of the
24 State or youth in care as defined in Section 4d of the Children
25 and Family Services Act, the coroner may conduct a preliminary
26 investigation of the circumstances of such death as in cases

1 of death under circumstances set forth in subparagraphs (a)
2 through (e) of this Section.

3 (Source: P.A. 102-538, eff. 8-20-21; 102-982, eff. 7-1-23;
4 103-154, eff. 6-30-23.)

5 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

6 Sec. 3-4006. Duties of public defender. The Public
7 Defender, as directed by the court, shall act as attorney,
8 without fee, before any court within any county for all
9 persons who are held in custody or who are charged with the
10 commission of any criminal offense, and who the court finds
11 are unable to employ counsel.

12 The Public Defender shall be the attorney, without fee,
13 when so appointed by the court under Section 1-20 of the
14 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of
15 1987 or by any court under subsection (b) of Section 4-5 of the
16 Parental Notice of Abortion Act of 2024 for any party who the
17 court finds is financially unable to employ counsel.

18 In cases subject to Section 5-170 of the Juvenile Court
19 Act of 1987 involving a minor who was under 15 years of age at
20 the time of the commission of the offense, that occurs in a
21 county with a full-time public defender office, a public
22 defender, without fee or appointment, may represent and have
23 access to a minor during a custodial interrogation. In cases
24 subject to Section 5-170 of the Juvenile Court Act of 1987
25 involving a minor who was under 15 years of age at the time of

1 the commission of the offense, that occurs in a county without
2 a full-time public defender, the law enforcement agency
3 conducting the custodial interrogation shall ensure that the
4 minor is able to consult with an attorney who is under contract
5 with the county to provide public defender services.
6 Representation by the public defender shall terminate at the
7 first court appearance if the court determines that the minor
8 is not indigent.

9 Every court shall, with the consent of the defendant and
10 where the court finds that the rights of the defendant would be
11 prejudiced by the appointment of the public defender, appoint
12 counsel other than the public defender, except as otherwise
13 provided in Section 113-3 of the "Code of Criminal Procedure
14 of 1963". That counsel shall be compensated as is provided by
15 law. He shall also, in the case of the conviction of any such
16 person, prosecute any proceeding in review which in his
17 judgment the interests of justice require.

18 In counties with a population over 3,000,000, the public
19 defender, without fee or appointment and with the concurrence
20 of the county board, may act as attorney to noncitizens in
21 immigration cases. Representation by the public defender in
22 immigration cases shall be limited to those arising in
23 immigration courts located within the geographical boundaries
24 of the county where the public defender has been appointed to
25 office unless the board authorizes the public defender to
26 provide representation outside the county.

1 (Source: P.A. 102-410, eff. 1-1-22; 102-1117, eff. 1-13-23.)

2 (55 ILCS 5/5-1069.3)

3 Sec. 5-1069.3. Required health benefits. If a county,
4 including a home rule county, is a self-insurer for purposes
5 of providing health insurance coverage for its employees, the
6 coverage shall include coverage for the post-mastectomy care
7 benefits required to be covered by a policy of accident and
8 health insurance under Section 356t and the coverage required
9 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
10 ~~356z.4, 356z.4a,~~ 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
11 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
12 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
13 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,
14 356z.54, 356z.56, 356z.57, 356z.59, ~~356z.60,~~ and 356z.61, and
15 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70 of the
16 Illinois Insurance Code. The coverage shall comply with
17 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
18 Insurance Code. The Department of Insurance shall enforce the
19 requirements of this Section. The requirement that health
20 benefits be covered as provided in this Section is an
21 exclusive power and function of the State and is a denial and
22 limitation under Article VII, Section 6, subsection (h) of the
23 Illinois Constitution. A home rule county to which this
24 Section applies must comply with every provision of this
25 Section.

1 Rulemaking authority to implement Public Act 95-1045, if
2 any, is conditioned on the rules being adopted in accordance
3 with all provisions of the Illinois Administrative Procedure
4 Act and all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
9 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
10 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
11 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
12 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
13 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
14 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
15 8-29-23.)

16 Section 5-30. The Illinois Municipal Code is amended by
17 changing Section 10-4-2.3 as follows:

18 (65 ILCS 5/10-4-2.3)

19 Sec. 10-4-2.3. Required health benefits. If a
20 municipality, including a home rule municipality, is a
21 self-insurer for purposes of providing health insurance
22 coverage for its employees, the coverage shall include
23 coverage for the post-mastectomy care benefits required to be
24 covered by a policy of accident and health insurance under

1 Section 356t and the coverage required under Sections 356g,
2 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, ~~356z.4, 356z.4a,~~
3 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
4 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
5 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
6 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
7 356z.56, 356z.57, 356z.59, ~~356z.60,~~ and 356z.61, ~~and~~ 356z.62,
8 356z.64, 356z.67, 356z.68, and 356z.70 of the Illinois
9 Insurance Code. The coverage shall comply with Sections
10 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
11 Code. The Department of Insurance shall enforce the
12 requirements of this Section. The requirement that health
13 benefits be covered as provided in this is an exclusive power
14 and function of the State and is a denial and limitation under
15 Article VII, Section 6, subsection (h) of the Illinois
16 Constitution. A home rule municipality to which this Section
17 applies must comply with every provision of this Section.

18 Rulemaking authority to implement Public Act 95-1045, if
19 any, is conditioned on the rules being adopted in accordance
20 with all provisions of the Illinois Administrative Procedure
21 Act and all rules and procedures of the Joint Committee on
22 Administrative Rules; any purported rule not so adopted, for
23 whatever reason, is unauthorized.

24 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
26 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,

1 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
2 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
3 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
4 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
5 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
6 8-29-23.)

7 Section 5-35. The School Code is amended by changing
8 Section 10-22.3f as follows:

9 (105 ILCS 5/10-22.3f)

10 Sec. 10-22.3f. Required health benefits. Insurance
11 protection and benefits for employees shall provide the
12 post-mastectomy care benefits required to be covered by a
13 policy of accident and health insurance under Section 356t and
14 the coverage required under Sections 356g, 356g.5, 356g.5-1,
15 356q, 356u, 356w, 356x, ~~356z.4, 356z.4a,~~ 356z.6, 356z.8,
16 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~356z.60,~~ and
20 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70
21 of the Illinois Insurance Code. Insurance policies shall
22 comply with Section 356z.19 of the Illinois Insurance Code.
23 The coverage shall comply with Sections 155.22a, 355b, and
24 370c of the Illinois Insurance Code. The Department of

1 Insurance shall enforce the requirements of this Section.

2 Rulemaking authority to implement Public Act 95-1045, if
3 any, is conditioned on the rules being adopted in accordance
4 with all provisions of the Illinois Administrative Procedure
5 Act and all rules and procedures of the Joint Committee on
6 Administrative Rules; any purported rule not so adopted, for
7 whatever reason, is unauthorized.

8 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
9 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
10 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
11 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
12 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
13 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
14 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
15 103-551, eff. 8-11-23; revised 8-29-23.)

16 Section 5-40. The Ambulatory Surgical Treatment Center Act
17 is amended by changing Sections 2 and 3 and by adding Section
18 6.2 as follows:

19 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

20 Sec. 2. It is declared to be the public policy that the
21 State has a legitimate interest in assuring that all medical
22 procedures, including abortions, are performed under
23 circumstances that insure maximum safety. Therefore, the
24 purpose of this Act is to provide for the better protection of

1 the public health through the development, establishment, and
2 enforcement of standards (1) for the care of individuals in
3 ambulatory surgical treatment centers, and (2) for the
4 construction, maintenance, and operation of ambulatory
5 surgical treatment centers, which, in light of advancing
6 knowledge, will promote safe and adequate treatment of such
7 individuals in ambulatory surgical treatment centers.

8 (Source: P.A. 101-13, eff. 6-12-19.)

9 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

10 Sec. 3. As used in this Act, unless the context otherwise
11 requires, the following words and phrases shall have the
12 meanings ascribed to them:

13 (A) "Ambulatory surgical treatment center" means any
14 institution, place, or building devoted primarily to the
15 maintenance and operation of facilities for the performance of
16 surgical procedures. "Ambulatory surgical treatment center"
17 includes any place that meets and complies with the definition
18 of an ambulatory surgical treatment center under the rules
19 adopted by the Department or any facility in which a medical or
20 surgical procedure is utilized to terminate a pregnancy,
21 irrespective of whether the facility is devoted primarily to
22 this purpose. Such facility shall not provide beds or other
23 accommodations for the overnight stay of patients; however,
24 facilities devoted exclusively to the treatment of children
25 may provide accommodations and beds for their patients for up

1 to 23 hours following admission. Individual patients shall be
2 discharged in an ambulatory condition without danger to the
3 continued well being of the patients or shall be transferred
4 to a hospital.

5 The term "ambulatory surgical treatment center" does not
6 include any of the following:

7 (1) Any institution, place, building, or agency
8 required to be licensed pursuant to the "Hospital
9 Licensing Act", ~~approved July 1, 1953, as amended.~~

10 (2) Any person or institution required to be licensed
11 pursuant to the Nursing Home Care Act, the Specialized
12 Mental Health Rehabilitation Act of 2013, the ID/DD
13 Community Care Act, or the MC/DD Act.

14 (3) Hospitals or ambulatory surgical treatment centers
15 maintained by the State or any department or agency
16 thereof, where such department or agency has authority
17 under law to establish and enforce standards for the
18 hospitals or ambulatory surgical treatment centers under
19 its management and control.

20 (4) Hospitals or ambulatory surgical treatment centers
21 maintained by the Federal Government or agencies thereof.

22 (5) Any place, agency, clinic, or practice, public or
23 private, whether organized for profit or not, devoted
24 exclusively to the performance of dental or oral surgical
25 procedures.

26 ~~(6) Any facility in which the performance of abortion~~

1 ~~procedures, including procedures to terminate a pregnancy~~
2 ~~or to manage pregnancy loss, is limited to those performed~~
3 ~~without general, epidural, or spinal anesthesia, and which~~
4 ~~is not otherwise required to be an ambulatory surgical~~
5 ~~treatment center. For purposes of this paragraph,~~
6 ~~"general, epidural, or spinal anesthesia" does not include~~
7 ~~local anesthesia or intravenous sedation. Nothing in this~~
8 ~~paragraph shall be construed to limit any such facility~~
9 ~~from voluntarily electing to apply for licensure as an~~
10 ~~ambulatory surgical treatment center.~~

11 (B) "Person" means any individual, firm, partnership,
12 corporation, company, association, or joint stock association,
13 or the legal successor thereof.

14 (C) "Department" means the Department of Public Health of
15 the State of Illinois.

16 (D) "Director" means the Director of the Department of
17 Public Health of the State of Illinois.

18 (E) "Physician" means a person licensed to practice
19 medicine in all of its branches in the State of Illinois.

20 (F) "Dentist" means a person licensed to practice
21 dentistry under the Illinois Dental Practice Act.

22 (G) "Podiatric physician" means a person licensed to
23 practice podiatry under the Podiatric Medical Practice Act of
24 1987.

25 (Source: P.A. 101-13, eff. 6-12-19.)

1 (210 ILCS 5/6.2 new)

2 Sec. 6.2. Physician required for centers primarily
3 providing abortions. Notwithstanding any other provision of
4 this Act, any corporation operating an ambulatory surgical
5 treatment center devoted primarily to providing facilities for
6 abortion must have a physician, who is licensed to practice
7 medicine in all of its branches and is actively engaged in the
8 practice of medicine at the center, on the board of directors
9 as a condition to licensure of the center.

10 Section 5-45. The Birth Center Licensing Act is amended by
11 changing Sections 5 and 30 as follows:

12 (210 ILCS 170/5)

13 Sec. 5. Definitions. In this Act:

14 "Birth center" means a designated site, other than a
15 hospital:

16 (1) in which births are planned to occur following a
17 normal, uncomplicated, and low-risk pregnancy;

18 (2) that is not the pregnant person's usual place of
19 residence;

20 (3) that is exclusively dedicated to serving the
21 childbirth-related needs of pregnant persons and their
22 newborns, and has no more than 10 beds;

23 (4) that offers prenatal care and community education
24 services and coordinates these services with other health

1 care services available in the community; and

2 (5) that does not provide general anesthesia or
3 surgery.

4 "Certified nurse midwife" means an advanced practice
5 registered nurse licensed in Illinois under the Nurse Practice
6 Act with full practice authority or who is delegated such
7 authority as part of a written collaborative agreement with a
8 physician who is associated with the birthing center or who
9 has privileges at a nearby birthing hospital.

10 "Department" means the Illinois Department of Public
11 Health.

12 "Hospital" does not include places where pregnant females
13 are received, cared for, or treated during delivery if it is in
14 a licensed birth center, nor include any facility required to
15 be licensed as a birth center.

16 "Licensed certified professional midwife" means a person
17 who has successfully met the requirements under Section 45 of
18 the Licensed Certified Professional Midwife Practice Act and
19 holds an active license to practice as a licensed certified
20 professional midwife in Illinois.

21 "Physician" means a physician licensed to practice
22 medicine in all its branches in Illinois.

23 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23;
24 102-1117, eff. 1-13-23.)

25 (210 ILCS 170/30)

1 Sec. 30. Minimum standards.

2 ~~(a)~~ The Department's rules adopted pursuant to Section 60
3 of this Act shall contain minimum standards to protect the
4 health and safety of a patient of a birth center. In adopting
5 rules for birth centers, the Department shall consider:

6 (1) the Commission for the Accreditation of Birth
7 Centers' Standards for Freestanding Birth Centers;

8 (2) the American Academy of Pediatrics and American
9 College of Obstetricians and Gynecologists Guidelines for
10 Perinatal Care; and

11 (3) the Regionalized Perinatal Health Care Code.

12 ~~(b) Nothing in this Section shall be construed to prohibit~~
13 ~~a facility licensed as a birth center from offering other~~
14 ~~reproductive health care subject to any applicable laws,~~
15 ~~rules, regulations, or licensing requirements for those~~
16 ~~services. In this subsection, "reproductive health care" has~~
17 ~~the same meaning as used in Section 1-10 of the Reproductive~~
18 ~~Health Act.~~

19 (Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22;
20 102-1117, eff. 1-13-23.)

21 Section 5-50. The Illinois Insurance Code is amended by
22 changing Sections 356z.3a and 356z.4 as follows:

23 (215 ILCS 5/356z.3a)

24 Sec. 356z.3a. Billing; emergency services;

1 nonparticipating providers.

2 (a) As used in this Section:

3 "Ancillary services" means:

4 (1) items and services related to emergency medicine,
5 anesthesiology, pathology, radiology, and neonatology that
6 are provided by any health care provider;

7 (2) items and services provided by assistant surgeons,
8 hospitalists, and intensivists;

9 (3) diagnostic services, including radiology and
10 laboratory services, except for advanced diagnostic
11 laboratory tests identified on the most current list
12 published by the United States Secretary of Health and
13 Human Services under 42 U.S.C. 300gg-132(b) (3);

14 (4) items and services provided by other specialty
15 practitioners as the United States Secretary of Health and
16 Human Services specifies through rulemaking under 42
17 U.S.C. 300gg-132(b) (3); and

18 (5) items and services provided by a nonparticipating
19 provider if there is no participating provider who can
20 furnish the item or service at the facility. ~~and~~

21 ~~(6) items and services provided by a nonparticipating~~
22 ~~provider if there is no participating provider who will~~
23 ~~furnish the item or service because a participating~~
24 ~~provider has asserted the participating provider's rights~~
25 ~~under the Health Care Right of Conscience Act.~~

26 "Cost sharing" means the amount an insured, beneficiary,

1 or enrollee is responsible for paying for a covered item or
2 service under the terms of the policy or certificate. "Cost
3 sharing" includes copayments, coinsurance, and amounts paid
4 toward deductibles, but does not include amounts paid towards
5 premiums, balance billing by out-of-network providers, or the
6 cost of items or services that are not covered under the policy
7 or certificate.

8 "Emergency department of a hospital" means any hospital
9 department that provides emergency services, including a
10 hospital outpatient department.

11 "Emergency medical condition" has the meaning ascribed to
12 that term in Section 10 of the Managed Care Reform and Patient
13 Rights Act.

14 "Emergency medical screening examination" has the meaning
15 ascribed to that term in Section 10 of the Managed Care Reform
16 and Patient Rights Act.

17 "Emergency services" means, with respect to an emergency
18 medical condition:

19 (1) in general, an emergency medical screening
20 examination, including ancillary services routinely
21 available to the emergency department to evaluate such
22 emergency medical condition, and such further medical
23 examination and treatment as would be required to
24 stabilize the patient regardless of the department of the
25 hospital or other facility in which such further
26 examination or treatment is furnished; or

1 (2) additional items and services for which benefits
2 are provided or covered under the coverage and that are
3 furnished by a nonparticipating provider or
4 nonparticipating emergency facility regardless of the
5 department of the hospital or other facility in which such
6 items are furnished after the insured, beneficiary, or
7 enrollee is stabilized and as part of outpatient
8 observation or an inpatient or outpatient stay with
9 respect to the visit in which the services described in
10 paragraph (1) are furnished. Services after stabilization
11 cease to be emergency services only when all the
12 conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and
13 regulations thereunder are met.

14 "Freestanding Emergency Center" means a facility licensed
15 under Section 32.5 of the Emergency Medical Services (EMS)
16 Systems Act.

17 "Health care facility" means, in the context of
18 non-emergency services, any of the following:

- 19 (1) a hospital as defined in 42 U.S.C. 1395x(e);
20 (2) a hospital outpatient department;
21 (3) a critical access hospital certified under 42
22 U.S.C. 1395i-4(e);
23 (4) an ambulatory surgical treatment center as defined
24 in the Ambulatory Surgical Treatment Center Act; or
25 (5) any recipient of a license under the Hospital
26 Licensing Act that is not otherwise described in this

1 definition.

2 "Health care provider" means a provider as defined in
3 subsection (d) of Section 370g. "Health care provider" does
4 not include a provider of air ambulance or ground ambulance
5 services.

6 "Health care services" has the meaning ascribed to that
7 term in subsection (a) of Section 370g.

8 "Health insurance issuer" has the meaning ascribed to that
9 term in Section 5 of the Illinois Health Insurance Portability
10 and Accountability Act.

11 "Nonparticipating emergency facility" means, with respect
12 to the furnishing of an item or service under a policy of group
13 or individual health insurance coverage, any of the following
14 facilities that does not have a contractual relationship
15 directly or indirectly with a health insurance issuer in
16 relation to the coverage:

17 (1) an emergency department of a hospital;

18 (2) a Freestanding Emergency Center;

19 (3) an ambulatory surgical treatment center as defined
20 in the Ambulatory Surgical Treatment Center Act; or

21 (4) with respect to emergency services described in
22 paragraph (2) of the definition of "emergency services", a
23 hospital.

24 "Nonparticipating provider" means, with respect to the
25 furnishing of an item or service under a policy of group or
26 individual health insurance coverage, any health care provider

1 who does not have a contractual relationship directly or
2 indirectly with a health insurance issuer in relation to the
3 coverage.

4 "Participating emergency facility" means any of the
5 following facilities that has a contractual relationship
6 directly or indirectly with a health insurance issuer offering
7 group or individual health insurance coverage setting forth
8 the terms and conditions on which a relevant health care
9 service is provided to an insured, beneficiary, or enrollee
10 under the coverage:

- 11 (1) an emergency department of a hospital;
- 12 (2) a Freestanding Emergency Center;
- 13 (3) an ambulatory surgical treatment center as defined
14 in the Ambulatory Surgical Treatment Center Act; or
- 15 (4) with respect to emergency services described in
16 paragraph (2) of the definition of "emergency services", a
17 hospital.

18 For purposes of this definition, a single case agreement
19 between an emergency facility and an issuer that is used to
20 address unique situations in which an insured, beneficiary, or
21 enrollee requires services that typically occur out-of-network
22 constitutes a contractual relationship and is limited to the
23 parties to the agreement.

24 "Participating health care facility" means any health care
25 facility that has a contractual relationship directly or
26 indirectly with a health insurance issuer offering group or

1 individual health insurance coverage setting forth the terms
2 and conditions on which a relevant health care service is
3 provided to an insured, beneficiary, or enrollee under the
4 coverage. A single case agreement between an emergency
5 facility and an issuer that is used to address unique
6 situations in which an insured, beneficiary, or enrollee
7 requires services that typically occur out-of-network
8 constitutes a contractual relationship for purposes of this
9 definition and is limited to the parties to the agreement.

10 "Participating provider" means any health care provider
11 that has a contractual relationship directly or indirectly
12 with a health insurance issuer offering group or individual
13 health insurance coverage setting forth the terms and
14 conditions on which a relevant health care service is provided
15 to an insured, beneficiary, or enrollee under the coverage.

16 "Qualifying payment amount" has the meaning given to that
17 term in 42 U.S.C. 300gg-111(a)(3)(E) and the regulations
18 promulgated thereunder.

19 "Recognized amount" means the lesser of the amount
20 initially billed by the provider or the qualifying payment
21 amount.

22 "Stabilize" means "stabilization" as defined in Section 10
23 of the Managed Care Reform and Patient Rights Act.

24 "Treating provider" means a health care provider who has
25 evaluated the individual.

26 "Visit" means, with respect to health care services

1 furnished to an individual at a health care facility, health
2 care services furnished by a provider at the facility, as well
3 as equipment, devices, telehealth services, imaging services,
4 laboratory services, and preoperative and postoperative
5 services regardless of whether the provider furnishing such
6 services is at the facility.

7 (b) Emergency services. When a beneficiary, insured, or
8 enrollee receives emergency services from a nonparticipating
9 provider or a nonparticipating emergency facility, the health
10 insurance issuer shall ensure that the beneficiary, insured,
11 or enrollee shall incur no greater out-of-pocket costs than
12 the beneficiary, insured, or enrollee would have incurred with
13 a participating provider or a participating emergency
14 facility. Any cost-sharing requirements shall be applied as
15 though the emergency services had been received from a
16 participating provider or a participating facility. Cost
17 sharing shall be calculated based on the recognized amount for
18 the emergency services. If the cost sharing for the same item
19 or service furnished by a participating provider would have
20 been a flat-dollar copayment, that amount shall be the
21 cost-sharing amount unless the provider has billed a lesser
22 total amount. In no event shall the beneficiary, insured,
23 enrollee, or any group policyholder or plan sponsor be liable
24 to or billed by the health insurance issuer, the
25 nonparticipating provider, or the nonparticipating emergency
26 facility for any amount beyond the cost sharing calculated in

1 accordance with this subsection with respect to the emergency
2 services delivered. Administrative requirements or limitations
3 shall be no greater than those applicable to emergency
4 services received from a participating provider or a
5 participating emergency facility.

6 (b-5) Non-emergency services at participating health care
7 facilities.

8 (1) When a beneficiary, insured, or enrollee utilizes
9 a participating health care facility and, due to any
10 reason, covered ancillary services are provided by a
11 nonparticipating provider during or resulting from the
12 visit, the health insurance issuer shall ensure that the
13 beneficiary, insured, or enrollee shall incur no greater
14 out-of-pocket costs than the beneficiary, insured, or
15 enrollee would have incurred with a participating provider
16 for the ancillary services. Any cost-sharing requirements
17 shall be applied as though the ancillary services had been
18 received from a participating provider. Cost sharing shall
19 be calculated based on the recognized amount for the
20 ancillary services. If the cost sharing for the same item
21 or service furnished by a participating provider would
22 have been a flat-dollar copayment, that amount shall be
23 the cost-sharing amount unless the provider has billed a
24 lesser total amount. In no event shall the beneficiary,
25 insured, enrollee, or any group policyholder or plan
26 sponsor be liable to or billed by the health insurance

1 issuer, the nonparticipating provider, or the
2 participating health care facility for any amount beyond
3 the cost sharing calculated in accordance with this
4 subsection with respect to the ancillary services
5 delivered. In addition to ancillary services, the
6 requirements of this paragraph shall also apply with
7 respect to covered items or services furnished as a result
8 of unforeseen, urgent medical needs that arise at the time
9 an item or service is furnished, regardless of whether the
10 nonparticipating provider satisfied the notice and consent
11 criteria under paragraph (2) of this subsection.

12 (2) When a beneficiary, insured, or enrollee utilizes
13 a participating health care facility and receives
14 non-emergency covered health care services other than
15 those described in paragraph (1) of this subsection from a
16 nonparticipating provider during or resulting from the
17 visit, the health insurance issuer shall ensure that the
18 beneficiary, insured, or enrollee incurs no greater
19 out-of-pocket costs than the beneficiary, insured, or
20 enrollee would have incurred with a participating provider
21 unless the nonparticipating provider or the participating
22 health care facility on behalf of the nonparticipating
23 provider satisfies the notice and consent criteria
24 provided in 42 U.S.C. 300gg-132 and regulations
25 promulgated thereunder. If the notice and consent criteria
26 are not satisfied, then:

1 (A) any cost-sharing requirements shall be applied
2 as though the health care services had been received
3 from a participating provider;

4 (B) cost sharing shall be calculated based on the
5 recognized amount for the health care services; and

6 (C) in no event shall the beneficiary, insured,
7 enrollee, or any group policyholder or plan sponsor be
8 liable to or billed by the health insurance issuer,
9 the nonparticipating provider, or the participating
10 health care facility for any amount beyond the cost
11 sharing calculated in accordance with this subsection
12 with respect to the health care services delivered.

13 (c) Notwithstanding any other provision of this Code,
14 except when the notice and consent criteria are satisfied for
15 the situation in paragraph (2) of subsection (b-5), any
16 benefits a beneficiary, insured, or enrollee receives for
17 services under the situations in subsection (b) or (b-5) are
18 assigned to the nonparticipating providers or the facility
19 acting on their behalf. Upon receipt of the provider's bill or
20 facility's bill, the health insurance issuer shall provide the
21 nonparticipating provider or the facility with a written
22 explanation of benefits that specifies the proposed
23 reimbursement and the applicable deductible, copayment, or
24 coinsurance amounts owed by the insured, beneficiary, or
25 enrollee. The health insurance issuer shall pay any
26 reimbursement subject to this Section directly to the

1 nonparticipating provider or the facility.

2 (d) For bills assigned under subsection (c), the
3 nonparticipating provider or the facility may bill the health
4 insurance issuer for the services rendered, and the health
5 insurance issuer may pay the billed amount or attempt to
6 negotiate reimbursement with the nonparticipating provider or
7 the facility. Within 30 calendar days after the provider or
8 facility transmits the bill to the health insurance issuer,
9 the issuer shall send an initial payment or notice of denial of
10 payment with the written explanation of benefits to the
11 provider or facility. If attempts to negotiate reimbursement
12 for services provided by a nonparticipating provider do not
13 result in a resolution of the payment dispute within 30 days
14 after receipt of written explanation of benefits by the health
15 insurance issuer, then the health insurance issuer or
16 nonparticipating provider or the facility may initiate binding
17 arbitration to determine payment for services provided on a
18 per-bill or batched-bill basis, in accordance with Section
19 300gg-111 of the Public Health Service Act and the regulations
20 promulgated thereunder. The party requesting arbitration shall
21 notify the other party arbitration has been initiated and
22 state its final offer before arbitration. In response to this
23 notice, the nonrequesting party shall inform the requesting
24 party of its final offer before the arbitration occurs.
25 Arbitration shall be initiated by filing a request with the
26 Department of Insurance.

1 (e) The Department of Insurance shall publish a list of
2 approved arbitrators or entities that shall provide binding
3 arbitration. These arbitrators shall be American Arbitration
4 Association or American Health Lawyers Association trained
5 arbitrators. Both parties must agree on an arbitrator from the
6 Department of Insurance's or its approved entity's list of
7 arbitrators. If no agreement can be reached, then a list of 5
8 arbitrators shall be provided by the Department of Insurance
9 or the approved entity. From the list of 5 arbitrators, the
10 health insurance issuer can veto 2 arbitrators and the
11 provider or facility can veto 2 arbitrators. The remaining
12 arbitrator shall be the chosen arbitrator. This arbitration
13 shall consist of a review of the written submissions by both
14 parties. The arbitrator shall not establish a rebuttable
15 presumption that the qualifying payment amount should be the
16 total amount owed to the provider or facility by the
17 combination of the issuer and the insured, beneficiary, or
18 enrollee. Binding arbitration shall provide for a written
19 decision within 45 days after the request is filed with the
20 Department of Insurance. Both parties shall be bound by the
21 arbitrator's decision. The arbitrator's expenses and fees,
22 together with other expenses, not including attorney's fees,
23 incurred in the conduct of the arbitration, shall be paid as
24 provided in the decision.

25 (f) (Blank).

26 (g) Section 368a of this Act shall not apply during the

1 pendency of a decision under subsection (d). Upon the issuance
2 of the arbitrator's decision, Section 368a applies with
3 respect to the amount, if any, by which the arbitrator's
4 determination exceeds the issuer's initial payment under
5 subsection (c), or the entire amount of the arbitrator's
6 determination if initial payment was denied. Any interest
7 required to be paid to a provider under Section 368a shall not
8 accrue until after 30 days of an arbitrator's decision as
9 provided in subsection (d), but in no circumstances longer
10 than 150 days from the date the nonparticipating
11 facility-based provider billed for services rendered.

12 (h) Nothing in this Section shall be interpreted to change
13 the prudent layperson provisions with respect to emergency
14 services under the Managed Care Reform and Patient Rights Act.

15 (i) Nothing in this Section shall preclude a health care
16 provider from billing a beneficiary, insured, or enrollee for
17 reasonable administrative fees, such as service fees for
18 checks returned for nonsufficient funds and missed
19 appointments.

20 (j) Nothing in this Section shall preclude a beneficiary,
21 insured, or enrollee from assigning benefits to a
22 nonparticipating provider when the notice and consent criteria
23 are satisfied under paragraph (2) of subsection (b-5) or in
24 any other situation not described in subsection (b) or (b-5).

25 (k) Except when the notice and consent criteria are
26 satisfied under paragraph (2) of subsection (b-5), if an

1 individual receives health care services under the situations
2 described in subsection (b) or (b-5), no referral requirement
3 or any other provision contained in the policy or certificate
4 of coverage shall deny coverage, reduce benefits, or otherwise
5 defeat the requirements of this Section for services that
6 would have been covered with a participating provider.
7 However, this subsection shall not be construed to preclude a
8 provider contract with a health insurance issuer, or with an
9 administrator or similar entity acting on the issuer's behalf,
10 from imposing requirements on the participating provider,
11 participating emergency facility, or participating health care
12 facility relating to the referral of covered individuals to
13 nonparticipating providers.

14 (l) Except if the notice and consent criteria are
15 satisfied under paragraph (2) of subsection (b-5),
16 cost-sharing amounts calculated in conformity with this
17 Section shall count toward any deductible or out-of-pocket
18 maximum applicable to in-network coverage.

19 (m) The Department has the authority to enforce the
20 requirements of this Section in the situations described in
21 subsections (b) and (b-5), and in any other situation for
22 which 42 U.S.C. Chapter 6A, Subchapter XXV, Parts D or E and
23 regulations promulgated thereunder would prohibit an
24 individual from being billed or liable for emergency services
25 furnished by a nonparticipating provider or nonparticipating
26 emergency facility or for non-emergency health care services

1 furnished by a nonparticipating provider at a participating
2 health care facility.

3 (n) This Section does not apply with respect to air
4 ambulance or ground ambulance services. This Section does not
5 apply to any policy of excepted benefits or to short-term,
6 limited-duration health insurance coverage.

7 (Source: P.A. 102-901, eff. 7-1-22; 102-1117, eff. 1-13-23;
8 103-440, eff. 1-1-24.)

9 (215 ILCS 5/356z.4)

10 Sec. 356z.4. Coverage for contraceptives.

11 (a) (1) The General Assembly hereby finds and declares all
12 of the following:

13 (A) Illinois has a long history of expanding timely
14 access to birth control to prevent unintended pregnancy.

15 (B) The federal Patient Protection and Affordable Care
16 Act includes a contraceptive coverage guarantee as part of
17 a broader requirement for health insurance to cover key
18 preventive care services without out-of-pocket costs for
19 patients.

20 (C) The General Assembly intends to build on existing
21 State and federal law to promote gender equity and women's
22 health and to ensure greater contraceptive coverage equity
23 and timely access to all federal Food and Drug
24 Administration approved methods of birth control for all
25 individuals covered by an individual or group health

1 insurance policy in Illinois.

2 (D) Medical management techniques such as denials,
3 step therapy, or prior authorization in public and private
4 health care coverage can impede access to the most
5 effective contraceptive methods.

6 (2) As used in this subsection (a):

7 "Contraceptive services" includes consultations,
8 examinations, procedures, and medical services related to the
9 use of contraceptive methods (including natural family
10 planning) to prevent an unintended pregnancy.

11 "Medical necessity", for the purposes of this subsection
12 (a), includes, but is not limited to, considerations such as
13 severity of side effects, differences in permanence and
14 reversibility of contraceptive, and ability to adhere to the
15 appropriate use of the item or service, as determined by the
16 attending provider.

17 "Therapeutic equivalent version" means drugs, devices, or
18 products that can be expected to have the same clinical effect
19 and safety profile when administered to patients under the
20 conditions specified in the labeling and satisfy the following
21 general criteria:

22 (i) they are approved as safe and effective;

23 (ii) they are pharmaceutical equivalents in that they

24 (A) contain identical amounts of the same active drug
25 ingredient in the same dosage form and route of
26 administration and (B) meet compendial or other applicable

1 standards of strength, quality, purity, and identity;

2 (iii) they are bioequivalent in that (A) they do not
3 present a known or potential bioequivalence problem and
4 they meet an acceptable in vitro standard or (B) if they do
5 present such a known or potential problem, they are shown
6 to meet an appropriate bioequivalence standard;

7 (iv) they are adequately labeled; and

8 (v) they are manufactured in compliance with Current
9 Good Manufacturing Practice regulations.

10 (3) An individual or group policy of accident and health
11 insurance amended, delivered, issued, or renewed in this State
12 after the effective date of this amendatory Act of the 99th
13 General Assembly shall provide coverage for all of the
14 following services and contraceptive methods:

15 (A) All contraceptive drugs, devices, and other
16 products approved by the United States Food and Drug
17 Administration. This includes all over-the-counter
18 contraceptive drugs, devices, and products approved by the
19 United States Food and Drug Administration, excluding male
20 condoms, except as provided in the current comprehensive
21 guidelines supported by the Health Resources and Services
22 Administration. The following apply:

23 (i) If the United States Food and Drug
24 Administration has approved one or more therapeutic
25 equivalent versions of a contraceptive drug, device,
26 or product, a policy is not required to include all

1 such therapeutic equivalent versions in its formulary,
2 so long as at least one is included and covered without
3 cost-sharing and in accordance with this Section.

4 (ii) If an individual's attending provider
5 recommends a particular service or item approved by
6 the United States Food and Drug Administration based
7 on a determination of medical necessity with respect
8 to that individual, the plan or issuer must cover that
9 service or item without cost sharing. The plan or
10 issuer must defer to the determination of the
11 attending provider.

12 (iii) If a drug, device, or product is not
13 covered, plans and issuers must have an easily
14 accessible, transparent, and sufficiently expedient
15 process that is not unduly burdensome on the
16 individual or a provider or other individual acting as
17 a patient's authorized representative to ensure
18 coverage without cost sharing.

19 (iv) This coverage must provide for the dispensing
20 of 12 months' worth of contraception at one time.

21 (B) Voluntary sterilization procedures.

22 (C) Contraceptive services, patient education, and
23 counseling on contraception.

24 (D) Follow-up services related to the drugs, devices,
25 products, and procedures covered under this Section,
26 including, but not limited to, management of side effects,

1 counseling for continued adherence, and device insertion
2 and removal.

3 (4) Except as otherwise provided in this subsection (a), a
4 policy subject to this subsection (a) shall not impose a
5 deductible, coinsurance, copayment, or any other cost-sharing
6 requirement on the coverage provided. The provisions of this
7 paragraph do not apply to coverage of voluntary male
8 sterilization procedures to the extent such coverage would
9 disqualify a high-deductible health plan from eligibility for
10 a health savings account pursuant to the federal Internal
11 Revenue Code, 26 U.S.C. 223.

12 (5) Except as otherwise authorized under this subsection
13 (a), a policy shall not impose any restrictions or delays on
14 the coverage required under this subsection (a).

15 (6) If, at any time, the Secretary of the United States
16 Department of Health and Human Services, or its successor
17 agency, promulgates rules or regulations to be published in
18 the Federal Register or publishes a comment in the Federal
19 Register or issues an opinion, guidance, or other action that
20 would require the State, pursuant to any provision of the
21 Patient Protection and Affordable Care Act (Public Law
22 111-148), including, but not limited to, 42 U.S.C.
23 18031(d)(3)(B) or any successor provision, to defray the cost
24 of any coverage outlined in this subsection (a), then this
25 subsection (a) is inoperative with respect to all coverage
26 outlined in this subsection (a) other than that authorized

1 under Section 1902 of the Social Security Act, 42 U.S.C.
2 1396a, and the State shall not assume any obligation for the
3 cost of the coverage set forth in this subsection (a).

4 (b) This subsection (b) shall become operative if and only
5 if subsection (a) becomes inoperative.

6 An individual or group policy of accident and health
7 insurance amended, delivered, issued, or renewed in this State
8 after the date this subsection (b) becomes operative that
9 provides coverage for outpatient services and outpatient
10 prescription drugs or devices must provide coverage for the
11 insured and any dependent of the insured covered by the policy
12 for all outpatient contraceptive services and all outpatient
13 contraceptive drugs and devices approved by the Food and Drug
14 Administration. Coverage required under this Section may not
15 impose any deductible, coinsurance, waiting period, or other
16 cost-sharing or limitation that is greater than that required
17 for any outpatient service or outpatient prescription drug or
18 device otherwise covered by the policy.

19 Nothing in this subsection (b) shall be construed to
20 require an insurance company to cover services related to
21 permanent sterilization that requires a surgical procedure.

22 As used in this subsection (b), "outpatient contraceptive
23 service" means consultations, examinations, procedures, and
24 medical services, provided on an outpatient basis and related
25 to the use of contraceptive methods (including natural family
26 planning) to prevent an unintended pregnancy.

1 (c) Nothing in this Section shall be construed to require
2 an insurance company to cover services related to an abortion
3 as defined in Section 1-25 of the Illinois Abortion Law of
4 2024. ~~(Blank).~~

5 (d) If a plan or issuer utilizes a network of providers,
6 nothing in this Section shall be construed to require coverage
7 or to prohibit the plan or issuer from imposing cost-sharing
8 for items or services described in this Section that are
9 provided or delivered by an out-of-network provider, unless
10 the plan or issuer does not have in its network a provider who
11 is able to or is willing to provide the applicable items or
12 services.

13 (Source: P.A. 103-551, eff. 8-11-23.)

14 Section 5-55. The Network Adequacy and Transparency Act is
15 amended by changing Section 10 as follows:

16 (215 ILCS 124/10)

17 Sec. 10. Network adequacy.

18 (a) An insurer providing a network plan shall file a
19 description of all of the following with the Director:

20 (1) The written policies and procedures for adding
21 providers to meet patient needs based on increases in the
22 number of beneficiaries, changes in the
23 patient-to-provider ratio, changes in medical and health
24 care capabilities, and increased demand for services.

1 (2) The written policies and procedures for making
2 referrals within and outside the network.

3 (3) The written policies and procedures on how the
4 network plan will provide 24-hour, 7-day per week access
5 to network-affiliated primary care, emergency services,
6 and women's principal health care providers.

7 An insurer shall not prohibit a preferred provider from
8 discussing any specific or all treatment options with
9 beneficiaries irrespective of the insurer's position on those
10 treatment options or from advocating on behalf of
11 beneficiaries within the utilization review, grievance, or
12 appeals processes established by the insurer in accordance
13 with any rights or remedies available under applicable State
14 or federal law.

15 (b) Insurers must file for review a description of the
16 services to be offered through a network plan. The description
17 shall include all of the following:

18 (1) A geographic map of the area proposed to be served
19 by the plan by county service area and zip code, including
20 marked locations for preferred providers.

21 (2) As deemed necessary by the Department, the names,
22 addresses, phone numbers, and specialties of the providers
23 who have entered into preferred provider agreements under
24 the network plan.

25 (3) The number of beneficiaries anticipated to be
26 covered by the network plan.

1 (4) An Internet website and toll-free telephone number
2 for beneficiaries and prospective beneficiaries to access
3 current and accurate lists of preferred providers,
4 additional information about the plan, as well as any
5 other information required by Department rule.

6 (5) A description of how health care services to be
7 rendered under the network plan are reasonably accessible
8 and available to beneficiaries. The description shall
9 address all of the following:

10 (A) the type of health care services to be
11 provided by the network plan;

12 (B) the ratio of physicians and other providers to
13 beneficiaries, by specialty and including primary care
14 physicians and facility-based physicians when
15 applicable under the contract, necessary to meet the
16 health care needs and service demands of the currently
17 enrolled population;

18 (C) the travel and distance standards for plan
19 beneficiaries in county service areas; and

20 (D) a description of how the use of telemedicine,
21 telehealth, or mobile care services may be used to
22 partially meet the network adequacy standards, if
23 applicable.

24 (6) A provision ensuring that whenever a beneficiary
25 has made a good faith effort, as evidenced by accessing
26 the provider directory, calling the network plan, and

1 calling the provider, to utilize preferred providers for a
2 covered service and it is determined the insurer does not
3 have the appropriate preferred providers due to
4 insufficient number, type, or unreasonable travel distance
5 or delay, ~~or preferred providers refusing to provide a~~
6 ~~covered service because it is contrary to the conscience~~
7 ~~of the preferred providers, as protected by the Health~~
8 ~~Care Right of Conscience Act,~~ the insurer shall ensure,
9 directly or indirectly, by terms contained in the payer
10 contract, that the beneficiary will be provided the
11 covered service at no greater cost to the beneficiary than
12 if the service had been provided by a preferred provider.
13 This paragraph (6) does not apply to: (A) a beneficiary
14 who willfully chooses to access a non-preferred provider
15 for health care services available through the panel of
16 preferred providers, or (B) a beneficiary enrolled in a
17 health maintenance organization. In these circumstances,
18 the contractual requirements for non-preferred provider
19 reimbursements shall apply unless Section 356z.3a of the
20 Illinois Insurance Code requires otherwise. In no event
21 shall a beneficiary who receives care at a participating
22 health care facility be required to search for
23 participating providers under the circumstances described
24 in subsection (b) or (b-5) of Section 356z.3a of the
25 Illinois Insurance Code except under the circumstances
26 described in paragraph (2) of subsection (b-5).

1 (7) A provision that the beneficiary shall receive
2 emergency care coverage such that payment for this
3 coverage is not dependent upon whether the emergency
4 services are performed by a preferred or non-preferred
5 provider and the coverage shall be at the same benefit
6 level as if the service or treatment had been rendered by a
7 preferred provider. For purposes of this paragraph (7),
8 "the same benefit level" means that the beneficiary is
9 provided the covered service at no greater cost to the
10 beneficiary than if the service had been provided by a
11 preferred provider. This provision shall be consistent
12 with Section 356z.3a of the Illinois Insurance Code.

13 (8) A limitation that, if the plan provides that the
14 beneficiary will incur a penalty for failing to
15 pre-certify inpatient hospital treatment, the penalty may
16 not exceed \$1,000 per occurrence in addition to the plan
17 cost sharing provisions.

18 (c) The network plan shall demonstrate to the Director a
19 minimum ratio of providers to plan beneficiaries as required
20 by the Department.

21 (1) The ratio of physicians or other providers to plan
22 beneficiaries shall be established annually by the
23 Department in consultation with the Department of Public
24 Health based upon the guidance from the federal Centers
25 for Medicare and Medicaid Services. The Department shall
26 not establish ratios for vision or dental providers who

1 provide services under dental-specific or vision-specific
2 benefits. The Department shall consider establishing
3 ratios for the following physicians or other providers:

4 (A) Primary Care;

5 (B) Pediatrics;

6 (C) Cardiology;

7 (D) Gastroenterology;

8 (E) General Surgery;

9 (F) Neurology;

10 (G) OB/GYN;

11 (H) Oncology/Radiation;

12 (I) Ophthalmology;

13 (J) Urology;

14 (K) Behavioral Health;

15 (L) Allergy/Immunology;

16 (M) Chiropractic;

17 (N) Dermatology;

18 (O) Endocrinology;

19 (P) Ears, Nose, and Throat (ENT)/Otolaryngology;

20 (Q) Infectious Disease;

21 (R) Nephrology;

22 (S) Neurosurgery;

23 (T) Orthopedic Surgery;

24 (U) Physiatry/Rehabilitative;

25 (V) Plastic Surgery;

26 (W) Pulmonary;

- 1 (X) Rheumatology;
2 (Y) Anesthesiology;
3 (Z) Pain Medicine;
4 (AA) Pediatric Specialty Services;
5 (BB) Outpatient Dialysis; and
6 (CC) HIV.

7 (2) The Director shall establish a process for the
8 review of the adequacy of these standards, along with an
9 assessment of additional specialties to be included in the
10 list under this subsection (c).

11 (d) The network plan shall demonstrate to the Director
12 maximum travel and distance standards for plan beneficiaries,
13 which shall be established annually by the Department in
14 consultation with the Department of Public Health based upon
15 the guidance from the federal Centers for Medicare and
16 Medicaid Services. These standards shall consist of the
17 maximum minutes or miles to be traveled by a plan beneficiary
18 for each county type, such as large counties, metro counties,
19 or rural counties as defined by Department rule.

20 The maximum travel time and distance standards must
21 include standards for each physician and other provider
22 category listed for which ratios have been established.

23 The Director shall establish a process for the review of
24 the adequacy of these standards along with an assessment of
25 additional specialties to be included in the list under this
26 subsection (d).

1 (d-5)(1) Every insurer shall ensure that beneficiaries
2 have timely and proximate access to treatment for mental,
3 emotional, nervous, or substance use disorders or conditions
4 in accordance with the provisions of paragraph (4) of
5 subsection (a) of Section 370c of the Illinois Insurance Code.
6 Insurers shall use a comparable process, strategy, evidentiary
7 standard, and other factors in the development and application
8 of the network adequacy standards for timely and proximate
9 access to treatment for mental, emotional, nervous, or
10 substance use disorders or conditions and those for the access
11 to treatment for medical and surgical conditions. As such, the
12 network adequacy standards for timely and proximate access
13 shall equally be applied to treatment facilities and providers
14 for mental, emotional, nervous, or substance use disorders or
15 conditions and specialists providing medical or surgical
16 benefits pursuant to the parity requirements of Section 370c.1
17 of the Illinois Insurance Code and the federal Paul Wellstone
18 and Pete Domenici Mental Health Parity and Addiction Equity
19 Act of 2008. Notwithstanding the foregoing, the network
20 adequacy standards for timely and proximate access to
21 treatment for mental, emotional, nervous, or substance use
22 disorders or conditions shall, at a minimum, satisfy the
23 following requirements:

24 (A) For beneficiaries residing in the metropolitan
25 counties of Cook, DuPage, Kane, Lake, McHenry, and Will,
26 network adequacy standards for timely and proximate access

1 to treatment for mental, emotional, nervous, or substance
2 use disorders or conditions means a beneficiary shall not
3 have to travel longer than 30 minutes or 30 miles from the
4 beneficiary's residence to receive outpatient treatment
5 for mental, emotional, nervous, or substance use disorders
6 or conditions. Beneficiaries shall not be required to wait
7 longer than 10 business days between requesting an initial
8 appointment and being seen by the facility or provider of
9 mental, emotional, nervous, or substance use disorders or
10 conditions for outpatient treatment or to wait longer than
11 20 business days between requesting a repeat or follow-up
12 appointment and being seen by the facility or provider of
13 mental, emotional, nervous, or substance use disorders or
14 conditions for outpatient treatment; however, subject to
15 the protections of paragraph (3) of this subsection, a
16 network plan shall not be held responsible if the
17 beneficiary or provider voluntarily chooses to schedule an
18 appointment outside of these required time frames.

19 (B) For beneficiaries residing in Illinois counties
20 other than those counties listed in subparagraph (A) of
21 this paragraph, network adequacy standards for timely and
22 proximate access to treatment for mental, emotional,
23 nervous, or substance use disorders or conditions means a
24 beneficiary shall not have to travel longer than 60
25 minutes or 60 miles from the beneficiary's residence to
26 receive outpatient treatment for mental, emotional,

1 nervous, or substance use disorders or conditions.
2 Beneficiaries shall not be required to wait longer than 10
3 business days between requesting an initial appointment
4 and being seen by the facility or provider of mental,
5 emotional, nervous, or substance use disorders or
6 conditions for outpatient treatment or to wait longer than
7 20 business days between requesting a repeat or follow-up
8 appointment and being seen by the facility or provider of
9 mental, emotional, nervous, or substance use disorders or
10 conditions for outpatient treatment; however, subject to
11 the protections of paragraph (3) of this subsection, a
12 network plan shall not be held responsible if the
13 beneficiary or provider voluntarily chooses to schedule an
14 appointment outside of these required time frames.

15 (2) For beneficiaries residing in all Illinois counties,
16 network adequacy standards for timely and proximate access to
17 treatment for mental, emotional, nervous, or substance use
18 disorders or conditions means a beneficiary shall not have to
19 travel longer than 60 minutes or 60 miles from the
20 beneficiary's residence to receive inpatient or residential
21 treatment for mental, emotional, nervous, or substance use
22 disorders or conditions.

23 (3) If there is no in-network facility or provider
24 available for a beneficiary to receive timely and proximate
25 access to treatment for mental, emotional, nervous, or
26 substance use disorders or conditions in accordance with the

1 network adequacy standards outlined in this subsection, the
2 insurer shall provide necessary exceptions to its network to
3 ensure admission and treatment with a provider or at a
4 treatment facility in accordance with the network adequacy
5 standards in this subsection.

6 (e) Except for network plans solely offered as a group
7 health plan, these ratio and time and distance standards apply
8 to the lowest cost-sharing tier of any tiered network.

9 (f) The network plan may consider use of other health care
10 service delivery options, such as telemedicine or telehealth,
11 mobile clinics, and centers of excellence, or other ways of
12 delivering care to partially meet the requirements set under
13 this Section.

14 (g) Except for the requirements set forth in subsection
15 (d-5), insurers who are not able to comply with the provider
16 ratios and time and distance standards established by the
17 Department may request an exception to these requirements from
18 the Department. The Department may grant an exception in the
19 following circumstances:

20 (1) if no providers or facilities meet the specific
21 time and distance standard in a specific service area and
22 the insurer (i) discloses information on the distance and
23 travel time points that beneficiaries would have to travel
24 beyond the required criterion to reach the next closest
25 contracted provider outside of the service area and (ii)
26 provides contact information, including names, addresses,

1 and phone numbers for the next closest contracted provider
2 or facility;

3 (2) if patterns of care in the service area do not
4 support the need for the requested number of provider or
5 facility type and the insurer provides data on local
6 patterns of care, such as claims data, referral patterns,
7 or local provider interviews, indicating where the
8 beneficiaries currently seek this type of care or where
9 the physicians currently refer beneficiaries, or both; or

10 (3) other circumstances deemed appropriate by the
11 Department consistent with the requirements of this Act.

12 (h) Insurers are required to report to the Director any
13 material change to an approved network plan within 15 days
14 after the change occurs and any change that would result in
15 failure to meet the requirements of this Act. Upon notice from
16 the insurer, the Director shall reevaluate the network plan's
17 compliance with the network adequacy and transparency
18 standards of this Act.

19 (Source: P.A. 102-144, eff. 1-1-22; 102-901, eff. 7-1-22;
20 102-1117, eff. 1-13-23.)

21 Section 5-60. The Health Maintenance Organization Act is
22 amended by changing Section 5-3 as follows:

23 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

24 Sec. 5-3. Insurance Code provisions.

1 (a) Health Maintenance Organizations shall be subject to
2 the provisions of Sections 133, 134, 136, 137, 139, 140,
3 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
4 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
5 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356v,
6 356w, 356x, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5, 356z.6,
7 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
8 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,
9 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, ~~356z.30~~,
10 356z.30a, 356z.31, ~~356z.32~~, 356z.33, 356z.34, 356z.35,
11 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,
12 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,
13 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,
14 ~~356z.60~~, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,
15 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
16 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
17 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
18 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
19 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
20 Insurance Code.

21 (b) For purposes of the Illinois Insurance Code, except
22 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
23 Health Maintenance Organizations in the following categories
24 are deemed to be "domestic companies":

25 (1) a corporation authorized under the Dental Service
26 Plan Act or the Voluntary Health Services Plans Act;

1 (2) a corporation organized under the laws of this
2 State; or

3 (3) a corporation organized under the laws of another
4 state, 30% or more of the enrollees of which are residents
5 of this State, except a corporation subject to
6 substantially the same requirements in its state of
7 organization as is a "domestic company" under Article VIII
8 1/2 of the Illinois Insurance Code.

9 (c) In considering the merger, consolidation, or other
10 acquisition of control of a Health Maintenance Organization
11 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

12 (1) the Director shall give primary consideration to
13 the continuation of benefits to enrollees and the
14 financial conditions of the acquired Health Maintenance
15 Organization after the merger, consolidation, or other
16 acquisition of control takes effect;

17 (2) (i) the criteria specified in subsection (1)(b) of
18 Section 131.8 of the Illinois Insurance Code shall not
19 apply and (ii) the Director, in making his determination
20 with respect to the merger, consolidation, or other
21 acquisition of control, need not take into account the
22 effect on competition of the merger, consolidation, or
23 other acquisition of control;

24 (3) the Director shall have the power to require the
25 following information:

26 (A) certification by an independent actuary of the

1 adequacy of the reserves of the Health Maintenance
2 Organization sought to be acquired;

3 (B) pro forma financial statements reflecting the
4 combined balance sheets of the acquiring company and
5 the Health Maintenance Organization sought to be
6 acquired as of the end of the preceding year and as of
7 a date 90 days prior to the acquisition, as well as pro
8 forma financial statements reflecting projected
9 combined operation for a period of 2 years;

10 (C) a pro forma business plan detailing an
11 acquiring party's plans with respect to the operation
12 of the Health Maintenance Organization sought to be
13 acquired for a period of not less than 3 years; and

14 (D) such other information as the Director shall
15 require.

16 (d) The provisions of Article VIII 1/2 of the Illinois
17 Insurance Code and this Section 5-3 shall apply to the sale by
18 any health maintenance organization of greater than 10% of its
19 enrollee population (including, without limitation, the health
20 maintenance organization's right, title, and interest in and
21 to its health care certificates).

22 (e) In considering any management contract or service
23 agreement subject to Section 141.1 of the Illinois Insurance
24 Code, the Director (i) shall, in addition to the criteria
25 specified in Section 141.2 of the Illinois Insurance Code,
26 take into account the effect of the management contract or

1 service agreement on the continuation of benefits to enrollees
2 and the financial condition of the health maintenance
3 organization to be managed or serviced, and (ii) need not take
4 into account the effect of the management contract or service
5 agreement on competition.

6 (f) Except for small employer groups as defined in the
7 Small Employer Rating, Renewability and Portability Health
8 Insurance Act and except for medicare supplement policies as
9 defined in Section 363 of the Illinois Insurance Code, a
10 Health Maintenance Organization may by contract agree with a
11 group or other enrollment unit to effect refunds or charge
12 additional premiums under the following terms and conditions:

13 (i) the amount of, and other terms and conditions with
14 respect to, the refund or additional premium are set forth
15 in the group or enrollment unit contract agreed in advance
16 of the period for which a refund is to be paid or
17 additional premium is to be charged (which period shall
18 not be less than one year); and

19 (ii) the amount of the refund or additional premium
20 shall not exceed 20% of the Health Maintenance
21 Organization's profitable or unprofitable experience with
22 respect to the group or other enrollment unit for the
23 period (and, for purposes of a refund or additional
24 premium, the profitable or unprofitable experience shall
25 be calculated taking into account a pro rata share of the
26 Health Maintenance Organization's administrative and

1 marketing expenses, but shall not include any refund to be
2 made or additional premium to be paid pursuant to this
3 subsection (f)). The Health Maintenance Organization and
4 the group or enrollment unit may agree that the profitable
5 or unprofitable experience may be calculated taking into
6 account the refund period and the immediately preceding 2
7 plan years.

8 The Health Maintenance Organization shall include a
9 statement in the evidence of coverage issued to each enrollee
10 describing the possibility of a refund or additional premium,
11 and upon request of any group or enrollment unit, provide to
12 the group or enrollment unit a description of the method used
13 to calculate (1) the Health Maintenance Organization's
14 profitable experience with respect to the group or enrollment
15 unit and the resulting refund to the group or enrollment unit
16 or (2) the Health Maintenance Organization's unprofitable
17 experience with respect to the group or enrollment unit and
18 the resulting additional premium to be paid by the group or
19 enrollment unit.

20 In no event shall the Illinois Health Maintenance
21 Organization Guaranty Association be liable to pay any
22 contractual obligation of an insolvent organization to pay any
23 refund authorized under this Section.

24 (g) Rulemaking authority to implement Public Act 95-1045,
25 if any, is conditioned on the rules being adopted in
26 accordance with all provisions of the Illinois Administrative

1 Procedure Act and all rules and procedures of the Joint
2 Committee on Administrative Rules; any purported rule not so
3 adopted, for whatever reason, is unauthorized.

4 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
6 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
7 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
8 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
9 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
10 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
11 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
12 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
13 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

14 Section 5-65. The Limited Health Service Organization Act
15 is amended by changing Section 4003 as follows:

16 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

17 Sec. 4003. Illinois Insurance Code provisions. Limited
18 health service organizations shall be subject to the
19 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
20 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
21 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,
22 355.3, 355b, 356q, 356v, ~~356z.4, 356z.4a,~~ 356z.10, 356z.21,
23 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
24 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,

1 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 364.3,
2 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444,
3 and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII
4 1/2, XXV, and XXVI of the Illinois Insurance Code. Nothing in
5 this Section shall require a limited health care plan to cover
6 any service that is not a limited health service. For purposes
7 of the Illinois Insurance Code, except for Sections 444 and
8 444.1 and Articles XIII and XIII 1/2, limited health service
9 organizations in the following categories are deemed to be
10 domestic companies:

11 (1) a corporation under the laws of this State; or

12 (2) a corporation organized under the laws of another
13 state, 30% or more of the enrollees of which are residents
14 of this State, except a corporation subject to
15 substantially the same requirements in its state of
16 organization as is a domestic company under Article VIII
17 1/2 of the Illinois Insurance Code.

18 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
19 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
20 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
21 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
22 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
23 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
24 eff. 1-1-24; revised 8-29-23.)

25 Section 5-70. The Voluntary Health Services Plans Act is

1 amended by changing Section 10 as follows:

2 (215 ILCS 165/10) (from Ch. 32, par. 604)

3 Sec. 10. Application of Insurance Code provisions. Health
4 services plan corporations and all persons interested therein
5 or dealing therewith shall be subject to the provisions of
6 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
7 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
8 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
9 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5,
10 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
11 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
12 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
13 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
14 356z.56, 356z.57, 356z.59, ~~356z.60~~, 356z.61, 356z.62, 356z.64,
15 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401, 401.1, 402,
16 403, 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of
17 Section 367 of the Illinois Insurance Code.

18 Rulemaking authority to implement Public Act 95-1045, if
19 any, is conditioned on the rules being adopted in accordance
20 with all provisions of the Illinois Administrative Procedure
21 Act and all rules and procedures of the Joint Committee on
22 Administrative Rules; any purported rule not so adopted, for
23 whatever reason, is unauthorized.

24 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
25 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.

1 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
2 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
3 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
4 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
5 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
6 103-551, eff. 8-11-23; revised 8-29-23.)

7 Section 5-75. The Behavior Analyst Licensing Act is
8 amended by changing Section 60 as follows:

9 (225 ILCS 6/60)

10 (Section scheduled to be repealed on January 1, 2028)

11 Sec. 60. Grounds for disciplinary action.

12 (a) The Department may refuse to issue or renew a license,
13 or may suspend, revoke, place on probation, reprimand, or take
14 any other disciplinary or nondisciplinary action deemed
15 appropriate by the Department, including the imposition of
16 fines not to exceed \$10,000 for each violation, with regard to
17 any license issued under the provisions of this Act for any one
18 or a combination of the following grounds:

19 (1) material misstatements in furnishing information
20 to the Department or to any other State agency or in
21 furnishing information to any insurance company with
22 respect to a claim on behalf of a licensee or a patient;

23 (2) violations or negligent or intentional disregard
24 of this Act or its rules;

1 (3) conviction of or entry of a plea of guilty or nolo
2 contendere, finding of guilt, jury verdict, or entry of
3 judgment or sentencing, including, but not limited to,
4 convictions, preceding sentences of supervision,
5 conditional discharge, or first offender probation, under
6 the laws of any jurisdiction of the United States that is
7 (i) a felony or (ii) a misdemeanor, an essential element
8 of which is dishonesty, or that is directly related to the
9 practice of behavior analysis;

10 (4) fraud or misrepresentation in applying for or
11 procuring a license under this Act or in connection with
12 applying for renewal or restoration of a license under
13 this Act;

14 (5) professional incompetence;

15 (6) gross negligence in practice under this Act;

16 (7) aiding or assisting another person in violating
17 any provision of this Act or its rules;

18 (8) failing to provide information within 60 days in
19 response to a written request made by the Department;

20 (9) engaging in dishonorable, unethical, or
21 unprofessional conduct of a character likely to deceive,
22 defraud, or harm the public as defined by the rules of the
23 Department or violating the rules of professional conduct
24 adopted by the Department;

25 (10) habitual or excessive use or abuse of drugs
26 defined in law as controlled substances, of alcohol, or of

1 any other substances that results in the inability to
2 practice with reasonable judgment, skill, or safety;

3 (11) adverse action taken by another state or
4 jurisdiction if at least one of the grounds for the
5 discipline is the same or substantially equivalent to
6 those set forth in this Section;

7 (12) directly or indirectly giving to or receiving
8 from any person, firm, corporation, partnership, or
9 association any fee, commission, rebate, or other form of
10 compensation for any professional service not actually
11 rendered; nothing in this paragraph affects any bona fide
12 independent contractor or employment arrangements among
13 health care professionals, health facilities, health care
14 providers, or other entities, except as otherwise
15 prohibited by law; any employment arrangements may include
16 provisions for compensation, health insurance, pension, or
17 other employment benefits for the provision of services
18 within the scope of the licensee's practice under this
19 Act; nothing in this paragraph shall be construed to
20 require an employment arrangement to receive professional
21 fees for services rendered;

22 (13) a finding by the Department that the licensee,
23 after having the license placed on probationary status,
24 has violated the terms of probation or failed to comply
25 with those terms;

26 (14) abandonment, without cause, of a client;

1 (15) willfully making or filing false records or
2 reports relating to a licensee's practice, including, but
3 not limited to, false records filed with federal or State
4 agencies or departments;

5 (16) willfully failing to report an instance of
6 suspected child abuse or neglect as required by the Abused
7 and Neglected Child Reporting Act;

8 (17) being named as a perpetrator in an indicated
9 report by the Department of Children and Family Services
10 under the Abused and Neglected Child Reporting Act, and
11 upon proof by clear and convincing evidence that the
12 licensee has caused a child to be an abused child or
13 neglected child as defined in the Abused and Neglected
14 Child Reporting Act;

15 (18) physical illness, mental illness, or any other
16 impairment or disability, including, but not limited to,
17 deterioration through the aging process, or loss of motor
18 skills that results in the inability to practice the
19 profession with reasonable judgment, skill, or safety;

20 (19) solicitation of professional services by using
21 false or misleading advertising;

22 (20) violation of the Health Care Worker Self-Referral
23 Act;

24 (21) willfully failing to report an instance of
25 suspected abuse, neglect, financial exploitation, or
26 self-neglect of an eligible adult as defined in and

1 required by the Adult Protective Services Act; or

2 (22) being named as an abuser in a verified report by
3 the Department on Aging under the Adult Protective
4 Services Act, and upon proof by clear and convincing
5 evidence that the licensee abused, neglected, or
6 financially exploited an eligible adult as defined in the
7 Adult Protective Services Act.

8 (b) The determination by a court that a licensee is
9 subject to involuntary admission or judicial admission as
10 provided in the Mental Health and Developmental Disabilities
11 Code shall result in an automatic suspension of the licensee's
12 license. The suspension shall end upon a finding by a court
13 that the licensee is no longer subject to involuntary
14 admission or judicial admission and issues an order so finding
15 and discharging the patient, and upon the recommendation of
16 the Board to the Secretary that the licensee be allowed to
17 resume professional practice.

18 (c) The Department shall refuse to issue or renew or may
19 suspend the license of a person who (i) fails to file a tax
20 return, pay the tax, penalty, or interest shown in a filed tax
21 return, or pay any final assessment of tax, penalty, or
22 interest, as required by any tax Act administered by the
23 Department of Revenue, until the requirements of the tax Act
24 are satisfied or (ii) has failed to pay any court-ordered
25 child support as determined by a court order or by referral
26 from the Department of Healthcare and Family Services.

1 ~~(c 1) The Department shall not revoke, suspend, place on~~
2 ~~probation, reprimand, refuse to issue or renew, or take any~~
3 ~~other disciplinary or non-disciplinary action against the~~
4 ~~license or permit issued under this Act based solely upon the~~
5 ~~licensed behavior analyst recommending, aiding, assisting,~~
6 ~~referring for, or participating in any health care service, so~~
7 ~~long as the care was not unlawful under the laws of this State,~~
8 ~~regardless of whether the patient was a resident of this State~~
9 ~~or another state.~~

10 ~~(c 2) The Department shall not revoke, suspend, place on~~
11 ~~prohibition, reprimand, refuse to issue or renew, or take any~~
12 ~~other disciplinary or non-disciplinary action against the~~
13 ~~license or permit issued under this Act to practice as a~~
14 ~~licensed behavior analyst based upon the licensed behavior~~
15 ~~analyst's license being revoked or suspended, or the licensed~~
16 ~~behavior analyst being otherwise disciplined by any other~~
17 ~~state, if that revocation, suspension, or other form of~~
18 ~~discipline was based solely on the licensed behavior analyst~~
19 ~~violating another state's laws prohibiting the provision of,~~
20 ~~authorization of, recommendation of, aiding or assisting in,~~
21 ~~referring for, or participation in any health care service if~~
22 ~~that health care service as provided would not have been~~
23 ~~unlawful under the laws of this State and is consistent with~~
24 ~~the standards of conduct for a licensed behavior analyst~~
25 ~~practicing in Illinois.~~

26 ~~(c 3) The conduct specified in subsections (c 1) and (c 2)~~

1 ~~shall not constitute grounds for suspension under Section 125.~~

2 ~~(c-4) The Department shall not revoke, suspend, summarily~~
3 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
4 ~~renew, or take any other disciplinary or non-disciplinary~~
5 ~~action against the license or permit issued under this Act to~~
6 ~~practice as a licensed behavior analyst based solely upon the~~
7 ~~license of a licensed behavior analyst being revoked or the~~
8 ~~licensed behavior analyst being otherwise disciplined by any~~
9 ~~other state or territory other than Illinois for the referral~~
10 ~~for or having otherwise participated in any health care~~
11 ~~service, if the revocation or disciplinary action was based~~
12 ~~solely on a violation of the other state's law prohibiting~~
13 ~~such health care services in the state, for a resident of the~~
14 ~~state, or in any other state.~~

15 (d) In enforcing this Section, the Department, upon a
16 showing of a possible violation, may compel a person licensed
17 to practice under this Act, or who has applied for licensure
18 under this Act, to submit to a mental or physical examination,
19 or both, which may include a substance abuse or sexual
20 offender evaluation, as required by and at the expense of the
21 Department.

22 (1) The Department shall specifically designate the
23 examining physician licensed to practice medicine in all
24 of its branches or, if applicable, the multidisciplinary
25 team involved in providing the mental or physical
26 examination or both. The multidisciplinary team shall be

1 led by a physician licensed to practice medicine in all of
2 its branches and may consist of one or more or a
3 combination of physicians licensed to practice medicine in
4 all of its branches, licensed clinical psychologists,
5 licensed clinical professional counselors, and other
6 professional and administrative staff. Any examining
7 physician or member of the multidisciplinary team may
8 require any person ordered to submit to an examination
9 pursuant to this Section to submit to any additional
10 supplemental testing deemed necessary to complete any
11 examination or evaluation process, including, but not
12 limited to, blood testing, urinalysis, psychological
13 testing, or neuropsychological testing.

14 (2) The Department may order the examining physician
15 or any member of the multidisciplinary team to present
16 testimony concerning this mental or physical examination
17 of the licensee or applicant. No information, report,
18 record, or other documents in any way related to the
19 examination shall be excluded by reason of any common law
20 or statutory privilege relating to communications between
21 the licensee or applicant and the examining physician or
22 any member of the multidisciplinary team. No authorization
23 is necessary from the licensee or applicant ordered to
24 undergo an examination for the examining physician or any
25 member of the multidisciplinary team to provide
26 information, reports, records, or other documents or to

1 provide any testimony regarding the examination and
2 evaluation.

3 (3) The person to be examined may have, at the
4 person's own expense, another physician of the person's
5 choice present during all aspects of the examination.
6 However, that physician shall be present only to observe
7 and may not interfere in any way with the examination.

8 (4) The failure of any person to submit to a mental or
9 physical examination without reasonable cause, when
10 ordered, shall result in an automatic suspension of the
11 person's license until the person submits to the
12 examination.

13 (e) If the Department finds a person unable to practice
14 because of the reasons set forth in this Section, the
15 Department or Board may require that person to submit to care,
16 counseling, or treatment by physicians approved or designated
17 by the Department or Board, as a condition, term, or
18 restriction for continued, reinstated, or renewed licensure to
19 practice; or, in lieu of care, counseling, or treatment, the
20 Department may file, or the Board may recommend to the
21 Department to file, a complaint to immediately suspend,
22 revoke, or otherwise discipline the license of the person. Any
23 person whose license was granted, continued, reinstated,
24 renewed, disciplined, or supervised subject to the terms,
25 conditions, or restrictions, and who fails to comply with the
26 terms, conditions, or restrictions, shall be referred to the

1 Secretary for a determination as to whether the person shall
2 have the person's license suspended immediately, pending a
3 hearing by the Department.

4 (f) All fines imposed shall be paid within 60 days after
5 the effective date of the order imposing the fine or in
6 accordance with the terms set forth in the order imposing the
7 fine.

8 If the Secretary immediately suspends a person's license
9 under this subsection, a hearing on that person's license must
10 be convened by the Department within 30 days after the
11 suspension and completed without appreciable delay. The
12 Department and Board shall have the authority to review the
13 subject person's record of treatment and counseling regarding
14 the impairment, to the extent permitted by applicable federal
15 statutes and regulations safeguarding the confidentiality of
16 medical records.

17 A person licensed under this Act and affected under this
18 Section shall be afforded an opportunity to demonstrate to the
19 Department or Board that the person can resume practice in
20 compliance with acceptable and prevailing standards under the
21 provisions of the person's license.

22 ~~(g) The Department may adopt rules to implement the~~
23 ~~changes made by this amendatory Act of the 102nd General~~
24 ~~Assembly.~~

25 (Source: P.A. 102-953, eff. 5-27-22; 102-1117, eff. 1-13-23.)

1 Section 5-80. The Clinical Psychologist Licensing Act is
2 amended by changing Section 15 as follows:

3 (225 ILCS 15/15) (from Ch. 111, par. 5365)

4 (Section scheduled to be repealed on January 1, 2027)

5 Sec. 15. Disciplinary action; grounds.

6 ~~(a)~~ The Department may refuse to issue, refuse to renew,
7 suspend, or revoke any license, or may place on probation,
8 reprimand, or take other disciplinary or non-disciplinary
9 action deemed appropriate by the Department, including the
10 imposition of fines not to exceed \$10,000 for each violation,
11 with regard to any license issued under the provisions of this
12 Act for any one or a combination of the following reasons:

13 (1) Conviction of, or entry of a plea of guilty or nolo
14 contendere to, any crime that is a felony under the laws of
15 the United States or any state or territory thereof or
16 that is a misdemeanor of which an essential element is
17 dishonesty, or any crime that is directly related to the
18 practice of the profession.

19 (2) Gross negligence in the rendering of clinical
20 psychological services.

21 (3) Using fraud or making any misrepresentation in
22 applying for a license or in passing the examination
23 provided for in this Act.

24 (4) Aiding or abetting or conspiring to aid or abet a
25 person, not a clinical psychologist licensed under this

1 Act, in representing himself or herself as so licensed or
2 in applying for a license under this Act.

3 (5) Violation of any provision of this Act or the
4 rules promulgated thereunder.

5 (6) Professional connection or association with any
6 person, firm, association, partnership, or corporation
7 holding himself, herself, themselves, or itself out in any
8 manner contrary to this Act.

9 (7) Unethical, unauthorized or unprofessional conduct
10 as defined by rule. In establishing those rules, the
11 Department shall consider, though is not bound by, the
12 ethical standards for psychologists promulgated by
13 recognized national psychology associations.

14 (8) Aiding or assisting another person in violating
15 any provisions of this Act or the rules promulgated
16 thereunder.

17 (9) Failing to provide, within 60 days, information in
18 response to a written request made by the Department.

19 (10) Habitual or excessive use or addiction to
20 alcohol, narcotics, stimulants, or any other chemical
21 agent or drug that results in a clinical psychologist's
22 inability to practice with reasonable judgment, skill or
23 safety.

24 (11) Discipline by another state, territory, the
25 District of Columbia, or foreign country, if at least one
26 of the grounds for the discipline is the same or

1 substantially equivalent to those set forth herein.

2 (12) Directly or indirectly giving or receiving from
3 any person, firm, corporation, association, or partnership
4 any fee, commission, rebate, or other form of compensation
5 for any professional service not actually or personally
6 rendered. Nothing in this paragraph (12) affects any bona
7 fide independent contractor or employment arrangements
8 among health care professionals, health facilities, health
9 care providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the licensee's practice under this
14 Act. Nothing in this paragraph (12) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered.

17 (13) A finding that the licensee, after having his or
18 her license placed on probationary status, has violated
19 the terms of probation.

20 (14) Willfully making or filing false records or
21 reports, including, but not limited to, false records or
22 reports filed with State agencies or departments.

23 (15) Physical illness, including, but not limited to,
24 deterioration through the aging process, mental illness,
25 or disability that results in the inability to practice
26 the profession with reasonable judgment, skill, and

1 safety.

2 (16) Willfully failing to report an instance of
3 suspected child abuse or neglect as required by the Abused
4 and Neglected Child Reporting Act.

5 (17) Being named as a perpetrator in an indicated
6 report by the Department of Children and Family Services
7 pursuant to the Abused and Neglected Child Reporting Act,
8 and upon proof by clear and convincing evidence that the
9 licensee has caused a child to be an abused child or
10 neglected child as defined in the Abused and Neglected
11 Child Reporting Act.

12 (18) Violation of the Health Care Worker Self-Referral
13 Act.

14 (19) Making a material misstatement in furnishing
15 information to the Department, any other State or federal
16 agency, or any other entity.

17 (20) Failing to report to the Department any adverse
18 judgment, settlement, or award arising from a liability
19 claim related to an act or conduct similar to an act or
20 conduct that would constitute grounds for action as set
21 forth in this Section.

22 (21) Failing to report to the Department any adverse
23 final action taken against a licensee or applicant by
24 another licensing jurisdiction, including any other state
25 or territory of the United States or any foreign state or
26 country, or any peer review body, health care institution,

1 professional society, or association related to the
2 profession, governmental agency, law enforcement agency,
3 or court for an act or conduct similar to an act or conduct
4 that would constitute grounds for disciplinary action as
5 set forth in this Section.

6 (22) Prescribing, selling, administering,
7 distributing, giving, or self-administering (A) any drug
8 classified as a controlled substance (designated product)
9 for other than medically accepted therapeutic purposes or
10 (B) any narcotic drug.

11 (23) Violating State ~~state~~ or federal laws or
12 regulations relating to controlled substances, legend
13 drugs, or ephedra as defined in the Ephedra Prohibition
14 Act.

15 (24) Exceeding the terms of a collaborative agreement
16 or the prescriptive authority delegated to a licensee by
17 his or her collaborating physician or established under a
18 written collaborative agreement.

19 The entry of an order by any circuit court establishing
20 that any person holding a license under this Act is subject to
21 involuntary admission or judicial admission as provided for in
22 the Mental Health and Developmental Disabilities Code,
23 operates as an automatic suspension of that license. That
24 person may have his or her license restored only upon the
25 determination by a circuit court that the patient is no longer
26 subject to involuntary admission or judicial admission and the

1 issuance of an order so finding and discharging the patient
2 and upon the Board's recommendation to the Department that the
3 license be restored. Where the circumstances so indicate, the
4 Board may recommend to the Department that it require an
5 examination prior to restoring any license so automatically
6 suspended.

7 The Department shall refuse to issue or suspend the
8 license of any person who fails to file a return, or to pay the
9 tax, penalty, or interest shown in a filed return, or to pay
10 any final assessment of the tax, penalty, or interest, as
11 required by any tax Act administered by the Illinois
12 Department of Revenue, until such time as the requirements of
13 any such tax Act are satisfied.

14 In enforcing this Section, the Department or Board upon a
15 showing of a possible violation may compel any person licensed
16 to practice under this Act, or who has applied for licensure or
17 certification pursuant to this Act, to submit to a mental or
18 physical examination, or both, as required by and at the
19 expense of the Department. The examining physicians or
20 clinical psychologists shall be those specifically designated
21 by the Department. The Board or the Department may order the
22 examining physician or clinical psychologist to present
23 testimony concerning this mental or physical examination of
24 the licensee or applicant. No information shall be excluded by
25 reason of any common law or statutory privilege relating to
26 communications between the licensee or applicant and the

1 examining physician or clinical psychologist. The person to be
2 examined may have, at his or her own expense, another
3 physician or clinical psychologist of his or her choice
4 present during all aspects of the examination. Failure of any
5 person to submit to a mental or physical examination, when
6 directed, shall be grounds for suspension of a license until
7 the person submits to the examination if the Department or
8 Board finds, after notice and hearing, that the refusal to
9 submit to the examination was without reasonable cause.

10 If the Department or Board finds a person unable to
11 practice because of the reasons set forth in this Section, the
12 Department or Board may require that person to submit to care,
13 counseling or treatment by physicians or clinical
14 psychologists approved or designated by the Department, as a
15 condition, term, or restriction for continued, reinstated, or
16 renewed licensure to practice; or, in lieu of care, counseling
17 or treatment, the Board may recommend to the Department to
18 file or the Department may file a complaint to immediately
19 suspend, revoke, or otherwise discipline the license of the
20 person. Any person whose license was granted, continued,
21 reinstated, renewed, disciplined or supervised subject to such
22 terms, conditions, or restrictions, and who fails to comply
23 with such terms, conditions or restrictions, shall be referred
24 to the Secretary for a determination as to whether the person
25 shall have his or her license suspended immediately, pending a
26 hearing by the Board.

1 In instances in which the Secretary immediately suspends a
2 person's license under this Section, a hearing on that
3 person's license must be convened by the Board within 15 days
4 after the suspension and completed without appreciable delay.
5 The Board shall have the authority to review the subject
6 person's record of treatment and counseling regarding the
7 impairment, to the extent permitted by applicable federal
8 statutes and regulations safeguarding the confidentiality of
9 medical records.

10 A person licensed under this Act and affected under this
11 Section shall be afforded an opportunity to demonstrate to the
12 Board that he or she can resume practice in compliance with
13 acceptable and prevailing standards under the provisions of
14 his or her license.

15 ~~(b) The Department shall not revoke, suspend, place on~~
16 ~~probation, reprimand, refuse to issue or renew, or take any~~
17 ~~other disciplinary or non disciplinary action against the~~
18 ~~license or permit issued under this Act based solely upon the~~
19 ~~licensed clinical psychologist recommending, aiding,~~
20 ~~assisting, referring for, or participating in any health care~~
21 ~~service, so long as the care was not unlawful under the laws of~~
22 ~~this State, regardless of whether the patient was a resident~~
23 ~~of this State or another state.~~

24 ~~(c) The Department shall not revoke, suspend, place on~~
25 ~~prohibition, reprimand, refuse to issue or renew, or take any~~
26 ~~other disciplinary or non disciplinary action against the~~

1 ~~license or permit issued under this Act to practice as a~~
2 ~~licensed clinical psychologist based upon the licensed~~
3 ~~clinical psychologist's license being revoked or suspended, or~~
4 ~~the licensed clinical psychologist being otherwise disciplined~~
5 ~~by any other state, if that revocation, suspension, or other~~
6 ~~form of discipline was based solely on the licensed clinical~~
7 ~~psychologist violating another state's laws prohibiting the~~
8 ~~provision of, authorization of, recommendation of, aiding or~~
9 ~~assisting in, referring for, or participation in any health~~
10 ~~care service if that health care service as provided would not~~
11 ~~have been unlawful under the laws of this State and is~~
12 ~~consistent with the standards of conduct for a licensed~~
13 ~~clinical psychologist practicing in Illinois.~~

14 ~~(d) The conduct specified in subsections (b) and (c) shall~~
15 ~~not constitute grounds for suspension under Section 21.6.~~

16 ~~(e) The Department shall not revoke, suspend, summarily~~
17 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
18 ~~renew, or take any other disciplinary or non disciplinary~~
19 ~~action against the license or permit issued under this Act to~~
20 ~~practice as a licensed clinical psychologist based solely upon~~
21 ~~the license of a licensed clinical psychologist being revoked~~
22 ~~or the licensed clinical psychologist being otherwise~~
23 ~~disciplined by any other state or territory other than~~
24 ~~Illinois for the referral for or having otherwise participated~~
25 ~~in any health care service, if the revocation or disciplinary~~
26 ~~action was based solely on a violation of the other state's law~~

1 ~~prohibiting such health care services in the state, for a~~
2 ~~resident of the state, or in any other state.~~

3 ~~(f) The Department may adopt rules to implement the~~
4 ~~changes made by this amendatory Act of the 102nd General~~
5 ~~Assembly.~~

6 (Source: P.A. 102-1117, eff. 1-13-23.)

7 Section 5-85. The Clinical Social Work and Social Work
8 Practice Act is amended by changing Section 19 as follows:

9 (225 ILCS 20/19) (from Ch. 111, par. 6369)

10 (Section scheduled to be repealed on January 1, 2028)

11 Sec. 19. Grounds for disciplinary action.

12 (1) The Department may refuse to issue or renew a license,
13 or may suspend, revoke, place on probation, reprimand, or take
14 any other disciplinary or non-disciplinary action deemed
15 appropriate by the Department, including the imposition of
16 fines not to exceed \$10,000 for each violation, with regard to
17 any license issued under the provisions of this Act for any one
18 or a combination of the following grounds:

19 (a) material misstatements in furnishing information
20 to the Department or to any other State agency or in
21 furnishing information to any insurance company with
22 respect to a claim on behalf of a licensee or a patient;

23 (b) violations or negligent or intentional disregard
24 of this Act, or any of the rules promulgated hereunder;

1 (c) conviction of or entry of a plea of guilty or nolo
2 contendere, finding of guilt, jury verdict, or entry of
3 judgment or sentencing, including, but not limited to,
4 convictions, preceding sentences of supervision,
5 conditional discharge, or first offender probation, under
6 the laws of any jurisdiction of the United States that is
7 (i) a felony or (ii) a misdemeanor, an essential element
8 of which is dishonesty, or that is directly related to the
9 practice of the clinical social work or social work
10 professions;

11 (d) fraud or misrepresentation in applying for or
12 procuring a license under this Act or in connection with
13 applying for renewal or restoration of a license under
14 this Act;

15 (e) professional incompetence;

16 (f) gross negligence in practice under this Act;

17 (g) aiding or assisting another person in violating
18 any provision of this Act or its rules;

19 (h) failing to provide information within 60 days in
20 response to a written request made by the Department;

21 (i) engaging in dishonorable, unethical, or
22 unprofessional conduct of a character likely to deceive,
23 defraud, or harm the public as defined by the rules of the
24 Department, or violating the rules of professional conduct
25 adopted by the Department;

26 (j) habitual or excessive use or abuse of drugs

1 defined in law as controlled substances, of alcohol, or of
2 any other substances that results in the inability to
3 practice with reasonable judgment, skill, or safety;

4 (k) adverse action taken by another state or
5 jurisdiction, if at least one of the grounds for the
6 discipline is the same or substantially equivalent to
7 those set forth in this Section;

8 (l) directly or indirectly giving to or receiving from
9 any person, firm, corporation, partnership, or association
10 any fee, commission, rebate, or other form of compensation
11 for any professional service not actually rendered.
12 Nothing in this paragraph (l) affects any bona fide
13 independent contractor or employment arrangements among
14 health care professionals, health facilities, health care
15 providers, or other entities, except as otherwise
16 prohibited by law. Any employment arrangements may include
17 provisions for compensation, health insurance, pension, or
18 other employment benefits for the provision of services
19 within the scope of the licensee's practice under this
20 Act. Nothing in this paragraph (l) shall be construed to
21 require an employment arrangement to receive professional
22 fees for services rendered;

23 (m) a finding by the Department that the licensee,
24 after having the license placed on probationary status,
25 has violated the terms of probation or failed to comply
26 with such terms;

- 1 (n) abandonment, without cause, of a client;
- 2 (o) willfully making or filing false records or
3 reports relating to a licensee's practice, including, but
4 not limited to, false records filed with Federal or State
5 agencies or departments;
- 6 (p) willfully failing to report an instance of
7 suspected child abuse or neglect as required by the Abused
8 and Neglected Child Reporting Act;
- 9 (q) being named as a perpetrator in an indicated
10 report by the Department of Children and Family Services
11 under the Abused and Neglected Child Reporting Act, and
12 upon proof by clear and convincing evidence that the
13 licensee has caused a child to be an abused child or
14 neglected child as defined in the Abused and Neglected
15 Child Reporting Act;
- 16 (r) physical illness, mental illness, or any other
17 impairment or disability, including, but not limited to,
18 deterioration through the aging process, or loss of motor
19 skills that results in the inability to practice the
20 profession with reasonable judgment, skill, or safety;
- 21 (s) solicitation of professional services by using
22 false or misleading advertising;
- 23 (t) violation of the Health Care Worker Self-Referral
24 Act;
- 25 (u) willfully failing to report an instance of
26 suspected abuse, neglect, financial exploitation, or

1 self-neglect of an eligible adult as defined in and
2 required by the Adult Protective Services Act; or

3 (v) being named as an abuser in a verified report by
4 the Department on Aging under the Adult Protective
5 Services Act, and upon proof by clear and convincing
6 evidence that the licensee abused, neglected, or
7 financially exploited an eligible adult as defined in the
8 Adult Protective Services Act.

9 (2) (Blank).

10 (3) The determination by a court that a licensee is
11 subject to involuntary admission or judicial admission as
12 provided in the Mental Health and Developmental Disabilities
13 Code, will result in an automatic suspension of his license.
14 Such suspension will end upon a finding by a court that the
15 licensee is no longer subject to involuntary admission or
16 judicial admission and issues an order so finding and
17 discharging the patient, and upon the recommendation of the
18 Board to the Secretary that the licensee be allowed to resume
19 professional practice.

20 (4) The Department shall refuse to issue or renew or may
21 suspend the license of a person who (i) fails to file a return,
22 pay the tax, penalty, or interest shown in a filed return, or
23 pay any final assessment of tax, penalty, or interest, as
24 required by any tax Act administered by the Department of
25 Revenue, until the requirements of the tax Act are satisfied
26 or (ii) has failed to pay any court-ordered child support as

1 determined by a court order or by referral from the Department
2 of Healthcare and Family Services.

3 ~~(4.5) The Department shall not revoke, suspend, summarily~~
4 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
5 ~~renew, or take any other disciplinary or non disciplinary~~
6 ~~action against a license or permit issued under this Act based~~
7 ~~solely upon the licensed clinical social worker authorizing,~~
8 ~~recommending, aiding, assisting, referring for, or otherwise~~
9 ~~participating in any health care service, so long as the care~~
10 ~~was not unlawful under the laws of this State, regardless of~~
11 ~~whether the patient was a resident of this State or another~~
12 ~~state.~~

13 ~~(4.10) The Department shall not revoke, suspend, summarily~~
14 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
15 ~~renew, or take any other disciplinary or non disciplinary~~
16 ~~action against the license or permit issued under this Act to~~
17 ~~practice as a licensed clinical social worker based upon the~~
18 ~~licensed clinical social worker's license being revoked or~~
19 ~~suspended, or the licensed clinical social worker being~~
20 ~~otherwise disciplined by any other state, if that revocation,~~
21 ~~suspension, or other form of discipline was based solely on~~
22 ~~the licensed clinical social worker violating another state's~~
23 ~~laws prohibiting the provision of, authorization of,~~
24 ~~recommendation of, aiding or assisting in, referring for, or~~
25 ~~participation in any health care service if that health care~~
26 ~~service as provided would not have been unlawful under the~~

1 ~~laws of this State and is consistent with the standards of~~
2 ~~conduct for a licensed clinical social worker practicing in~~
3 ~~Illinois.~~

4 ~~(4.15) The conduct specified in subsections (4.5) and~~
5 ~~(4.10) shall not constitute grounds for suspension under~~
6 ~~Section 32.~~

7 ~~(4.20) An applicant seeking licensure, certification, or~~
8 ~~authorization pursuant to this Act who has been subject to~~
9 ~~disciplinary action by a duly authorized professional~~
10 ~~disciplinary agency of another jurisdiction solely on the~~
11 ~~basis of having authorized, recommended, aided, assisted,~~
12 ~~referred for, or otherwise participated in health care shall~~
13 ~~not be denied such licensure, certification, or authorization,~~
14 ~~unless the Department determines that such action would have~~
15 ~~constituted professional misconduct in this State; however,~~
16 ~~nothing in this Section shall be construed as prohibiting the~~
17 ~~Department from evaluating the conduct of such applicant and~~
18 ~~making a determination regarding the licensure, certification,~~
19 ~~or authorization to practice a profession under this Act.~~

20 (5) (a) In enforcing this Section, the Department or Board,
21 upon a showing of a possible violation, may compel a person
22 licensed to practice under this Act, or who has applied for
23 licensure under this Act, to submit to a mental or physical
24 examination, or both, which may include a substance abuse or
25 sexual offender evaluation, as required by and at the expense
26 of the Department.

1 (b) The Department shall specifically designate the
2 examining physician licensed to practice medicine in all of
3 its branches or, if applicable, the multidisciplinary team
4 involved in providing the mental or physical examination or
5 both. The multidisciplinary team shall be led by a physician
6 licensed to practice medicine in all of its branches and may
7 consist of one or more or a combination of physicians licensed
8 to practice medicine in all of its branches, licensed clinical
9 psychologists, licensed clinical social workers, licensed
10 clinical professional counselors, and other professional and
11 administrative staff. Any examining physician or member of the
12 multidisciplinary team may require any person ordered to
13 submit to an examination pursuant to this Section to submit to
14 any additional supplemental testing deemed necessary to
15 complete any examination or evaluation process, including, but
16 not limited to, blood testing, urinalysis, psychological
17 testing, or neuropsychological testing.

18 (c) The Board or the Department may order the examining
19 physician or any member of the multidisciplinary team to
20 present testimony concerning this mental or physical
21 examination of the licensee or applicant. No information,
22 report, record, or other documents in any way related to the
23 examination shall be excluded by reason of any common law or
24 statutory privilege relating to communications between the
25 licensee or applicant and the examining physician or any
26 member of the multidisciplinary team. No authorization is

1 necessary from the licensee or applicant ordered to undergo an
2 examination for the examining physician or any member of the
3 multidisciplinary team to provide information, reports,
4 records, or other documents or to provide any testimony
5 regarding the examination and evaluation.

6 (d) The person to be examined may have, at his or her own
7 expense, another physician of his or her choice present during
8 all aspects of the examination. However, that physician shall
9 be present only to observe and may not interfere in any way
10 with the examination.

11 (e) Failure of any person to submit to a mental or physical
12 examination without reasonable cause, when ordered, shall
13 result in an automatic suspension of his or her license until
14 the person submits to the examination.

15 (f) If the Department or Board finds a person unable to
16 practice because of the reasons set forth in this Section, the
17 Department or Board may require that person to submit to care,
18 counseling, or treatment by physicians approved or designated
19 by the Department or Board, as a condition, term, or
20 restriction for continued, reinstated, or renewed licensure to
21 practice; or, in lieu of care, counseling, or treatment, the
22 Department may file, or the Board may recommend to the
23 Department to file, a complaint to immediately suspend,
24 revoke, or otherwise discipline the license of the person. Any
25 person whose license was granted, continued, reinstated,
26 renewed, disciplined, or supervised subject to such terms,

1 conditions, or restrictions, and who fails to comply with such
2 terms, conditions, or restrictions, shall be referred to the
3 Secretary for a determination as to whether the person shall
4 have his or her license suspended immediately, pending a
5 hearing by the Department.

6 (g) All fines imposed shall be paid within 60 days after
7 the effective date of the order imposing the fine or in
8 accordance with the terms set forth in the order imposing the
9 fine.

10 In instances in which the Secretary immediately suspends a
11 person's license under this Section, a hearing on that
12 person's license must be convened by the Department within 30
13 days after the suspension and completed without appreciable
14 delay. The Department and Board shall have the authority to
15 review the subject person's record of treatment and counseling
16 regarding the impairment, to the extent permitted by
17 applicable federal statutes and regulations safeguarding the
18 confidentiality of medical records.

19 A person licensed under this Act and affected under this
20 Section shall be afforded an opportunity to demonstrate to the
21 Department or Board that he or she can resume practice in
22 compliance with acceptable and prevailing standards under the
23 provisions of his or her license.

24 ~~(h) The Department may adopt rules to implement the~~
25 ~~changes made by this amendatory Act of the 102nd General~~
26 ~~Assembly.~~

1 (Source: P.A. 102-1117, eff. 1-13-23.)

2 Section 5-90. The Marriage and Family Therapy Licensing
3 Act is amended by changing Section 85 as follows:

4 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

5 (Section scheduled to be repealed on January 1, 2027)

6 Sec. 85. Refusal, revocation, or suspension.

7 (a) The Department may refuse to issue or renew a license,
8 or may revoke, suspend, reprimand, place on probation, or take
9 any other disciplinary or non-disciplinary action as the
10 Department may deem proper, including the imposition of fines
11 not to exceed \$10,000 for each violation, with regard to any
12 license issued under the provisions of this Act for any one or
13 combination of the following grounds:

14 (1) Material misstatement in furnishing information to
15 the Department.

16 (2) Violation of any provision of this Act or its
17 rules.

18 (3) Conviction of or entry of a plea of guilty or nolo
19 contendere, finding of guilt, jury verdict, or entry of
20 judgment or sentencing, including, but not limited to,
21 convictions, preceding sentences of supervision,
22 conditional discharge, or first offender probation, under
23 the laws of any jurisdiction of the United States that is
24 (i) a felony or (ii) a misdemeanor, an essential element

1 of which is dishonesty or that is directly related to the
2 practice of the profession.

3 (4) Fraud or misrepresentation in applying for or
4 procuring a license under this Act or in connection with
5 applying for renewal or restoration of a license under
6 this Act or its rules.

7 (5) Professional incompetence.

8 (6) Gross negligence in practice under this Act.

9 (7) Aiding or assisting another person in violating
10 any provision of this Act or its rules.

11 (8) Failing, within 60 days, to provide information in
12 response to a written request made by the Department.

13 (9) Engaging in dishonorable, unethical, or
14 unprofessional conduct of a character likely to deceive,
15 defraud, or harm the public as defined by the rules of the
16 Department, or violating the rules of professional conduct
17 adopted by the Department.

18 (10) Habitual or excessive use or abuse of drugs
19 defined in law as controlled substances, of alcohol, or
20 any other substance that results in the inability to
21 practice with reasonable judgment, skill, or safety.

22 (11) Discipline by another jurisdiction if at least
23 one of the grounds for the discipline is the same or
24 substantially equivalent to those set forth in this Act.

25 (12) Directly or indirectly giving to or receiving
26 from any person, firm, corporation, partnership, or

1 association any fee, commission, rebate, or other form of
2 compensation for any professional services not actually or
3 personally rendered. Nothing in this paragraph (12)
4 affects any bona fide independent contractor or employment
5 arrangements among health care professionals, health
6 facilities, health care providers, or other entities,
7 except as otherwise prohibited by law. Any employment
8 arrangements may include provisions for compensation,
9 health insurance, pension, or other employment benefits
10 for the provision of services within the scope of the
11 licensee's practice under this Act. Nothing in this
12 paragraph (12) shall be construed to require an employment
13 arrangement to receive professional fees for services
14 rendered.

15 (13) A finding by the Department that the licensee,
16 after having his or her license placed on probationary
17 status, has violated the terms of probation or failed to
18 comply with the terms.

19 (14) Abandonment of a patient without cause.

20 (15) Willfully making or filing false records or
21 reports relating to a licensee's practice, including, but
22 not limited to, false records filed with State agencies or
23 departments.

24 (16) Willfully failing to report an instance of
25 suspected child abuse or neglect as required by the Abused
26 and Neglected Child Reporting Act.

1 (17) Being named as a perpetrator in an indicated
2 report by the Department of Children and Family Services
3 under the Abused and Neglected Child Reporting Act and
4 upon proof by clear and convincing evidence that the
5 licensee has caused a child to be an abused child or
6 neglected child as defined in the Abused and Neglected
7 Child Reporting Act.

8 (18) Physical illness or mental illness or impairment,
9 including, but not limited to, deterioration through the
10 aging process or loss of motor skill that results in the
11 inability to practice the profession with reasonable
12 judgment, skill, or safety.

13 (19) Solicitation of professional services by using
14 false or misleading advertising.

15 (20) A pattern of practice or other behavior that
16 demonstrates incapacity or incompetence to practice under
17 this Act.

18 (21) Practicing under a false or assumed name, except
19 as provided by law.

20 (22) Gross, willful, and continued overcharging for
21 professional services, including filing false statements
22 for collection of fees or moneys for which services are
23 not rendered.

24 (23) Failure to establish and maintain records of
25 patient care and treatment as required by law.

26 (24) Cheating on or attempting to subvert the

1 licensing examinations administered under this Act.

2 (25) Willfully failing to report an instance of
3 suspected abuse, neglect, financial exploitation, or
4 self-neglect of an eligible adult as defined in and
5 required by the Adult Protective Services Act.

6 (26) Being named as an abuser in a verified report by
7 the Department on Aging and under the Adult Protective
8 Services Act and upon proof by clear and convincing
9 evidence that the licensee abused, neglected, or
10 financially exploited an eligible adult as defined in the
11 Adult Protective Services Act.

12 (b) (Blank).

13 (c) The determination by a circuit court that a licensee
14 is subject to involuntary admission or judicial admission, as
15 provided in the Mental Health and Developmental Disabilities
16 Code, operates as an automatic suspension. The suspension will
17 terminate only upon a finding by a court that the patient is no
18 longer subject to involuntary admission or judicial admission
19 and the issuance of an order so finding and discharging the
20 patient, and upon the recommendation of the Board to the
21 Secretary that the licensee be allowed to resume his or her
22 practice as a licensed marriage and family therapist or an
23 associate licensed marriage and family therapist.

24 (d) The Department shall refuse to issue or may suspend
25 the license of any person who fails to file a return, pay the
26 tax, penalty, or interest shown in a filed return or pay any

1 final assessment of tax, penalty, or interest, as required by
2 any tax Act administered by the Illinois Department of
3 Revenue, until the time the requirements of the tax Act are
4 satisfied.

5 ~~(d 5) The Department shall not revoke, suspend, summarily~~
6 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
7 ~~renew, or take any other disciplinary or non disciplinary~~
8 ~~action against the license or permit issued under this Act to~~
9 ~~practice as a marriage and family therapist or associate~~
10 ~~licensed marriage and family therapist based solely upon the~~
11 ~~marriage and family therapist or associate licensed marriage~~
12 ~~and family therapist authorizing, recommending, aiding,~~
13 ~~assisting, referring for, or otherwise participating in any~~
14 ~~health care service, so long as the care was not Unlawful under~~
15 ~~the laws of this State, regardless of whether the patient was a~~
16 ~~resident of this State or another state.~~

17 ~~(d 10) The Department shall not revoke, suspend, summarily~~
18 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
19 ~~renew, or take any other disciplinary or non disciplinary~~
20 ~~action against the license or permit issued under this Act to~~
21 ~~practice as a marriage and family therapist or associate~~
22 ~~licensed marriage and family therapist based upon the marriage~~
23 ~~and family therapist's or associate licensed marriage and~~
24 ~~family therapist's license being revoked or suspended, or the~~
25 ~~marriage and family therapist or associate licensed marriage~~
26 ~~and family therapist being otherwise disciplined by any other~~

1 ~~state, if that revocation, suspension, or other form of~~
2 ~~discipline was based solely on the marriage and family~~
3 ~~therapist or associate licensed marriage and family therapist~~
4 ~~violating another state's laws prohibiting the provision of,~~
5 ~~authorization of, recommendation of, aiding or assisting in,~~
6 ~~referring for, or participation in any health care service if~~
7 ~~that health care service as provided would not have been~~
8 ~~unlawful under the laws of this State and is consistent with~~
9 ~~the standards of conduct for a marriage and family therapist~~
10 ~~or an associate licensed marriage and family therapist~~
11 ~~practicing in Illinois.~~

12 ~~(d-15) The conduct specified in subsections (d-5) or~~
13 ~~(d-10) shall not constitute grounds for suspension under~~
14 ~~Section 145.~~

15 ~~(d-20) An applicant seeking licensure, certification, or~~
16 ~~authorization pursuant to this Act who has been subject to~~
17 ~~disciplinary action by a duly authorized professional~~
18 ~~disciplinary agency of another jurisdiction solely on the~~
19 ~~basis of having authorized, recommended, aided, assisted,~~
20 ~~referred for, or otherwise participated in health care shall~~
21 ~~not be denied such licensure, certification, or authorization,~~
22 ~~unless the Department determines that such action would have~~
23 ~~constituted professional misconduct in this State; however,~~
24 ~~nothing in this Section shall be construed as prohibiting the~~
25 ~~Department from evaluating the conduct of such applicant and~~
26 ~~making a determination regarding the licensure, certification,~~

1 ~~or authorization to practice a profession under this Act.~~

2 (e) In enforcing this Section, the Department or Board
3 upon a showing of a possible violation may compel an
4 individual licensed to practice under this Act, or who has
5 applied for licensure under this Act, to submit to a mental or
6 physical examination, or both, which may include a substance
7 abuse or sexual offender evaluation, as required by and at the
8 expense of the Department.

9 The Department shall specifically designate the examining
10 physician licensed to practice medicine in all of its branches
11 or, if applicable, the multidisciplinary team involved in
12 providing the mental or physical examination or both. The
13 multidisciplinary team shall be led by a physician licensed to
14 practice medicine in all of its branches and may consist of one
15 or more or a combination of physicians licensed to practice
16 medicine in all of its branches, licensed clinical
17 psychologists, licensed clinical social workers, licensed
18 clinical professional counselors, licensed marriage and family
19 therapists, and other professional and administrative staff.
20 Any examining physician or member of the multidisciplinary
21 team may require any person ordered to submit to an
22 examination and evaluation pursuant to this Section to submit
23 to any additional supplemental testing deemed necessary to
24 complete any examination or evaluation process, including, but
25 not limited to, blood testing, urinalysis, psychological
26 testing, or neuropsychological testing.

1 The Department may order the examining physician or any
2 member of the multidisciplinary team to provide to the
3 Department any and all records, including business records,
4 that relate to the examination and evaluation, including any
5 supplemental testing performed.

6 The Department or Board may order the examining physician
7 or any member of the multidisciplinary team to present
8 testimony concerning the mental or physical examination of the
9 licensee or applicant. No information, report, record, or
10 other documents in any way related to the examination shall be
11 excluded by reason of any common law or statutory privilege
12 relating to communications between the licensee or applicant
13 and the examining physician or any member of the
14 multidisciplinary team. No authorization is necessary from the
15 licensee or applicant ordered to undergo an examination for
16 the examining physician or any member of the multidisciplinary
17 team to provide information, reports, records, or other
18 documents or to provide any testimony regarding the
19 examination and evaluation.

20 The individual to be examined may have, at his or her own
21 expense, another physician of his or her choice present during
22 all aspects of this examination. However, that physician shall
23 be present only to observe and may not interfere in any way
24 with the examination.

25 Failure of an individual to submit to a mental or physical
26 examination, when ordered, shall result in an automatic

1 suspension of his or her license until the individual submits
2 to the examination.

3 If the Department or Board finds an individual unable to
4 practice because of the reasons set forth in this Section, the
5 Department or Board may require that individual to submit to
6 care, counseling, or treatment by physicians approved or
7 designated by the Department or Board, as a condition, term,
8 or restriction for continued, reinstated, or renewed licensure
9 to practice; or, in lieu of care, counseling, or treatment,
10 the Department may file, or the Board may recommend to the
11 Department to file, a complaint to immediately suspend,
12 revoke, or otherwise discipline the license of the individual.
13 An individual whose license was granted, continued,
14 reinstated, renewed, disciplined, or supervised subject to
15 such terms, conditions, or restrictions, and who fails to
16 comply with such terms, conditions, or restrictions, shall be
17 referred to the Secretary for a determination as to whether
18 the individual shall have his or her license suspended
19 immediately, pending a hearing by the Department.

20 In instances in which the Secretary immediately suspends a
21 person's license under this Section, a hearing on that
22 person's license must be convened by the Department within 30
23 days after the suspension and completed without appreciable
24 delay. The Department and Board shall have the authority to
25 review the subject individual's record of treatment and
26 counseling regarding the impairment to the extent permitted by

1 applicable federal statutes and regulations safeguarding the
2 confidentiality of medical records.

3 An individual licensed under this Act and affected under
4 this Section shall be afforded an opportunity to demonstrate
5 to the Department or Board that he or she can resume practice
6 in compliance with acceptable and prevailing standards under
7 the provisions of his or her license.

8 (f) A fine shall be paid within 60 days after the effective
9 date of the order imposing the fine or in accordance with the
10 terms set forth in the order imposing the fine.

11 ~~(g) The Department may adopt rules to implement the~~
12 ~~changes made by this amendatory Act of the 102nd General~~
13 ~~Assembly.~~

14 (Source: P.A. 102-1117, eff. 1-13-23.)

15 Section 5-95. The Medical Practice Act of 1987 is amended
16 by changing Sections 2, 22, 23, 36, and 49.5 as follows:

17 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

18 (Section scheduled to be repealed on January 1, 2027)

19 Sec. 2. Definitions. For purposes of this Act, the
20 following definitions shall have the following meanings,
21 except where the context requires otherwise:

22 "Act" means the Medical Practice Act of 1987.

23 "Address of record" means the designated address recorded
24 by the Department in the applicant's or licensee's application

1 file or license file as maintained by the Department's
2 licensure maintenance unit.

3 "Chiropractic physician" means a person licensed to treat
4 human ailments without the use of drugs and without operative
5 surgery. Nothing in this Act shall be construed to prohibit a
6 chiropractic physician from providing advice regarding the use
7 of non-prescription products or from administering atmospheric
8 oxygen. Nothing in this Act shall be construed to authorize a
9 chiropractic physician to prescribe drugs.

10 "Department" means the Department of Financial and
11 Professional Regulation.

12 "Disciplinary action" means revocation, suspension,
13 probation, supervision, practice modification, reprimand,
14 required education, fines, or any other action taken by the
15 Department against a person holding a license.

16 "Email address of record" means the designated email
17 address recorded by the Department in the applicant's
18 application file or the licensee's license file, as maintained
19 by the Department's licensure maintenance unit.

20 "Final determination" means the governing body's final
21 action taken under the procedure followed by a health care
22 institution, or professional association or society, against
23 any person licensed under the Act in accordance with the
24 bylaws or rules and regulations of such health care
25 institution, or professional association or society.

26 "Fund" means the Illinois State Medical Disciplinary Fund.

1 "Impaired" means the inability to practice medicine with
2 reasonable skill and safety due to physical or mental
3 disabilities as evidenced by a written determination or
4 written consent based on clinical evidence, including
5 deterioration through the aging process or loss of motor
6 skill, or abuse of drugs or alcohol, of sufficient degree to
7 diminish a person's ability to deliver competent patient care.

8 "International medical graduate" means a medical graduate
9 (i) who has been trained in a country other than the United
10 States; (ii) whose education has been certified by the
11 Educational Commission for Foreign Medical Graduates; (iii)
12 who has passed Step 1, Step 2 Clinical Knowledge, and Step 3 of
13 the United States Medical Licensing Examination as required by
14 this Act; (iv) who maintains an unencumbered license from
15 another country; and (v) who is not licensed to practice
16 medicine in any state or territory of the United States.

17 "Medical Board" means the Illinois State Medical Board.

18 "Physician" means a person licensed under the Medical
19 Practice Act to practice medicine in all of its branches or a
20 chiropractic physician.

21 "Professional association" means an association or society
22 of persons licensed under this Act, and operating within the
23 State of Illinois, including, but not limited to, medical
24 societies, osteopathic organizations, and chiropractic
25 organizations, but this term shall not be deemed to include
26 hospital medical staffs.

1 "Program of care, counseling, or treatment" means a
2 written schedule of organized treatment, care, counseling,
3 activities, or education, satisfactory to the Medical Board,
4 designed for the purpose of restoring an impaired person to a
5 condition whereby the impaired person can practice medicine
6 with reasonable skill and safety of a sufficient degree to
7 deliver competent patient care.

8 "Reinstate" means to change the status of a license ~~or~~
9 ~~permit~~ from inactive or nonrenewed status to active status.

10 "Restore" means to remove an encumbrance from a license
11 due to probation, suspension, or revocation.

12 "Secretary" means the Secretary of Financial and
13 Professional Regulation.

14 (Source: P.A. 102-20, eff. 1-1-22; 102-1117, eff. 1-13-23;
15 103-1, eff. 4-27-23.)

16 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

17 (Section scheduled to be repealed on January 1, 2027)

18 Sec. 22. Disciplinary action.

19 (A) The Department may revoke, suspend, place on
20 probation, reprimand, refuse to issue or renew, or take any
21 other disciplinary or non-disciplinary action as the
22 Department may deem proper with regard to the license or
23 permit of any person issued under this Act, including imposing
24 fines not to exceed \$10,000 for each violation, upon any of the
25 following grounds:

1 (1) Performance of an elective abortion in any place,
2 locale, facility, or institution other than: ~~(Blank)~~.

3 (a) a facility licensed pursuant to the Ambulatory
4 Surgical Treatment Center Act;

5 (b) an institution licensed under the Hospital
6 Licensing Act;

7 (c) an ambulatory surgical treatment center or
8 hospitalization or care facility maintained by the
9 State or any agency thereof, where such department or
10 agency has authority under law to establish and
11 enforce standards for the ambulatory surgical
12 treatment centers, hospitalization, or care facilities
13 under its management and control;

14 (d) ambulatory surgical treatment centers,
15 hospitalization, or care facilities maintained by the
16 Federal Government; or

17 (e) ambulatory surgical treatment centers,
18 hospitalization, or care facilities maintained by any
19 university or college established under the laws of
20 this State and supported principally by public funds
21 raised by taxation.

22 (2) Performance of an abortion procedure in a willful
23 and wanton manner on a woman who was not pregnant at the
24 time the abortion procedure was performed. ~~(Blank)~~.

25 (3) A plea of guilty or nolo contendere, finding of
26 guilt, jury verdict, or entry of judgment or sentencing,

1 including, but not limited to, convictions, preceding
2 sentences of supervision, conditional discharge, or first
3 offender probation, under the laws of any jurisdiction of
4 the United States of any crime that is a felony.

5 (4) Gross negligence in practice under this Act.

6 (5) Engaging in dishonorable, unethical, or
7 unprofessional conduct of a character likely to deceive,
8 defraud, or harm the public.

9 (6) Obtaining any fee by fraud, deceit, or
10 misrepresentation.

11 (7) Habitual or excessive use or abuse of drugs
12 defined in law as controlled substances, of alcohol, or of
13 any other substances which results in the inability to
14 practice with reasonable judgment, skill, or safety.

15 (8) Practicing under a false or, except as provided by
16 law, an assumed name.

17 (9) Fraud or misrepresentation in applying for, or
18 procuring, a license under this Act or in connection with
19 applying for renewal of a license under this Act.

20 (10) Making a false or misleading statement regarding
21 their skill or the efficacy or value of the medicine,
22 treatment, or remedy prescribed by them at their direction
23 in the treatment of any disease or other condition of the
24 body or mind.

25 (11) Allowing another person or organization to use
26 their license, procured under this Act, to practice.

1 (12) Adverse action taken by another state or
2 jurisdiction against a license or other authorization to
3 practice as a medical doctor, doctor of osteopathy, doctor
4 of osteopathic medicine, or doctor of chiropractic, a
5 certified copy of the record of the action taken by the
6 other state or jurisdiction being prima facie evidence
7 thereof. This includes any adverse action taken by a State
8 or federal agency that prohibits a medical doctor, doctor
9 of osteopathy, doctor of osteopathic medicine, or doctor
10 of chiropractic from providing services to the agency's
11 participants.

12 (13) Violation of any provision of this Act or of the
13 Medical Practice Act prior to the repeal of that Act, or
14 violation of the rules, or a final administrative action
15 of the Secretary, after consideration of the
16 recommendation of the Medical Board.

17 (14) Violation of the prohibition against fee
18 splitting in Section 22.2 of this Act.

19 (15) A finding by the Medical Board that the
20 registrant after having his or her license placed on
21 probationary status or subjected to conditions or
22 restrictions violated the terms of the probation or failed
23 to comply with such terms or conditions.

24 (16) Abandonment of a patient.

25 (17) Prescribing, selling, administering,
26 distributing, giving, or self-administering any drug

1 classified as a controlled substance (designated product)
2 or narcotic for other than medically accepted therapeutic
3 purposes.

4 (18) Promotion of the sale of drugs, devices,
5 appliances, or goods provided for a patient in such manner
6 as to exploit the patient for financial gain of the
7 physician.

8 (19) Offering, undertaking, or agreeing to cure or
9 treat disease by a secret method, procedure, treatment, or
10 medicine, or the treating, operating, or prescribing for
11 any human condition by a method, means, or procedure which
12 the licensee refuses to divulge upon demand of the
13 Department.

14 (20) Immoral conduct in the commission of any act
15 including, but not limited to, commission of an act of
16 sexual misconduct related to the licensee's practice.

17 (21) Willfully making or filing false records or
18 reports in his or her practice as a physician, including,
19 but not limited to, false records to support claims
20 against the medical assistance program of the Department
21 of Healthcare and Family Services (formerly Department of
22 Public Aid) under the Illinois Public Aid Code.

23 (22) Willful omission to file or record, or willfully
24 impeding the filing or recording of, or inducing another
25 person to omit to file or record, medical reports as
26 required by law, or willfully failing to report an

1 instance of suspected abuse or neglect as required by law.

2 (23) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act, and
5 upon proof by clear and convincing evidence that the
6 licensee has caused a child to be an abused child or
7 neglected child as defined in the Abused and Neglected
8 Child Reporting Act.

9 (24) Solicitation of professional patronage by any
10 corporation, agents, or persons, or profiting from those
11 representing themselves to be agents of the licensee.

12 (25) Gross and willful and continued overcharging for
13 professional services, including filing false statements
14 for collection of fees for which services are not
15 rendered, including, but not limited to, filing such false
16 statements for collection of monies for services not
17 rendered from the medical assistance program of the
18 Department of Healthcare and Family Services (formerly
19 Department of Public Aid) under the Illinois Public Aid
20 Code.

21 (26) A pattern of practice or other behavior which
22 demonstrates incapacity or incompetence to practice under
23 this Act.

24 (27) Mental illness or disability which results in the
25 inability to practice under this Act with reasonable
26 judgment, skill, or safety.

1 (28) Physical illness, including, but not limited to,
2 deterioration through the aging process, or loss of motor
3 skill which results in a physician's inability to practice
4 under this Act with reasonable judgment, skill, or safety.

5 (29) Cheating on or attempting to subvert the
6 licensing examinations administered under this Act.

7 (30) Willfully or negligently violating the
8 confidentiality between physician and patient except as
9 required by law.

10 (31) The use of any false, fraudulent, or deceptive
11 statement in any document connected with practice under
12 this Act.

13 (32) Aiding and abetting an individual not licensed
14 under this Act in the practice of a profession licensed
15 under this Act.

16 (33) Violating State or federal laws or regulations
17 relating to controlled substances, legend drugs, or
18 ephedra as defined in the Ephedra Prohibition Act.

19 (34) Failure to report to the Department any adverse
20 final action taken against them by another licensing
21 jurisdiction (any other state or any territory of the
22 United States or any foreign state or country), by any
23 peer review body, by any health care institution, by any
24 professional society or association related to practice
25 under this Act, by any governmental agency, by any law
26 enforcement agency, or by any court for acts or conduct

1 similar to acts or conduct which would constitute grounds
2 for action as defined in this Section.

3 (35) Failure to report to the Department surrender of
4 a license or authorization to practice as a medical
5 doctor, a doctor of osteopathy, a doctor of osteopathic
6 medicine, or doctor of chiropractic in another state or
7 jurisdiction, or surrender of membership on any medical
8 staff or in any medical or professional association or
9 society, while under disciplinary investigation by any of
10 those authorities or bodies, for acts or conduct similar
11 to acts or conduct which would constitute grounds for
12 action as defined in this Section.

13 (36) Failure to report to the Department any adverse
14 judgment, settlement, or award arising from a liability
15 claim related to acts or conduct similar to acts or
16 conduct which would constitute grounds for action as
17 defined in this Section.

18 (37) Failure to provide copies of medical records as
19 required by law.

20 (38) Failure to furnish the Department, or its
21 investigators or representatives, relevant information,
22 legally requested by the Department after consultation
23 with the Chief Medical Coordinator or the Deputy Medical
24 Coordinator.

25 (39) Violating the Health Care Worker Self-Referral
26 Act.

1 (40) Willful failure to provide notice when notice is
2 required under the Parental Notice of Abortion Act of
3 2024. (Blank).

4 (41) Failure to establish and maintain records of
5 patient care and treatment as required by this law.

6 (42) Entering into an excessive number of written
7 collaborative agreements with licensed advanced practice
8 registered nurses resulting in an inability to adequately
9 collaborate.

10 (43) Repeated failure to adequately collaborate with a
11 licensed advanced practice registered nurse.

12 (44) Violating the Compassionate Use of Medical
13 Cannabis Program Act.

14 (45) Entering into an excessive number of written
15 collaborative agreements with licensed prescribing
16 psychologists resulting in an inability to adequately
17 collaborate.

18 (46) Repeated failure to adequately collaborate with a
19 licensed prescribing psychologist.

20 (47) Willfully failing to report an instance of
21 suspected abuse, neglect, financial exploitation, or
22 self-neglect of an eligible adult as defined in and
23 required by the Adult Protective Services Act.

24 (48) Being named as an abuser in a verified report by
25 the Department on Aging under the Adult Protective
26 Services Act, and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or
2 financially exploited an eligible adult as defined in the
3 Adult Protective Services Act.

4 (49) Entering into an excessive number of written
5 collaborative agreements with licensed physician
6 assistants resulting in an inability to adequately
7 collaborate.

8 (50) Repeated failure to adequately collaborate with a
9 physician assistant.

10 Except for actions involving the ground numbered (26), all
11 proceedings to suspend, revoke, place on probationary status,
12 or take any other disciplinary action as the Department may
13 deem proper, with regard to a license on any of the foregoing
14 grounds, must be commenced within 5 years next after receipt
15 by the Department of a complaint alleging the commission of or
16 notice of the conviction order for any of the acts described
17 herein. Except for the grounds numbered (8), (9), (26), and
18 (29), no action shall be commenced more than 10 years after the
19 date of the incident or act alleged to have violated this
20 Section. For actions involving the ground numbered (26), a
21 pattern of practice or other behavior includes all incidents
22 alleged to be part of the pattern of practice or other behavior
23 that occurred, or a report pursuant to Section 23 of this Act
24 received, within the 10-year period preceding the filing of
25 the complaint. In the event of the settlement of any claim or
26 cause of action in favor of the claimant or the reduction to

1 final judgment of any civil action in favor of the plaintiff,
2 such claim, cause of action, or civil action being grounded on
3 the allegation that a person licensed under this Act was
4 negligent in providing care, the Department shall have an
5 additional period of 2 years from the date of notification to
6 the Department under Section 23 of this Act of such settlement
7 or final judgment in which to investigate and commence formal
8 disciplinary proceedings under Section 36 of this Act, except
9 as otherwise provided by law. The time during which the holder
10 of the license was outside the State of Illinois shall not be
11 included within any period of time limiting the commencement
12 of disciplinary action by the Department.

13 The entry of an order or judgment by any circuit court
14 establishing that any person holding a license under this Act
15 is a person in need of mental treatment operates as a
16 suspension of that license. That person may resume his or her
17 practice only upon the entry of a Departmental order based
18 upon a finding by the Medical Board that the person has been
19 determined to be recovered from mental illness by the court
20 and upon the Medical Board's recommendation that the person be
21 permitted to resume his or her practice.

22 The Department may refuse to issue or take disciplinary
23 action concerning the license of any person who fails to file a
24 return, or to pay the tax, penalty, or interest shown in a
25 filed return, or to pay any final assessment of tax, penalty,
26 or interest, as required by any tax Act administered by the

1 Illinois Department of Revenue, until such time as the
2 requirements of any such tax Act are satisfied as determined
3 by the Illinois Department of Revenue.

4 The Department, upon the recommendation of the Medical
5 Board, shall adopt rules which set forth standards to be used
6 in determining:

7 (a) when a person will be deemed sufficiently
8 rehabilitated to warrant the public trust;

9 (b) what constitutes dishonorable, unethical, or
10 unprofessional conduct of a character likely to deceive,
11 defraud, or harm the public;

12 (c) what constitutes immoral conduct in the commission
13 of any act, including, but not limited to, commission of
14 an act of sexual misconduct related to the licensee's
15 practice; and

16 (d) what constitutes gross negligence in the practice
17 of medicine.

18 However, no such rule shall be admissible into evidence in
19 any civil action except for review of a licensing or other
20 disciplinary action under this Act.

21 In enforcing this Section, the Medical Board, upon a
22 showing of a possible violation, may compel any individual who
23 is licensed to practice under this Act or holds a permit to
24 practice under this Act, or any individual who has applied for
25 licensure or a permit pursuant to this Act, to submit to a
26 mental or physical examination and evaluation, or both, which

1 may include a substance abuse or sexual offender evaluation,
2 as required by the Medical Board and at the expense of the
3 Department. The Medical Board shall specifically designate the
4 examining physician licensed to practice medicine in all of
5 its branches or, if applicable, the multidisciplinary team
6 involved in providing the mental or physical examination and
7 evaluation, or both. The multidisciplinary team shall be led
8 by a physician licensed to practice medicine in all of its
9 branches and may consist of one or more or a combination of
10 physicians licensed to practice medicine in all of its
11 branches, licensed chiropractic physicians, licensed clinical
12 psychologists, licensed clinical social workers, licensed
13 clinical professional counselors, and other professional and
14 administrative staff. Any examining physician or member of the
15 multidisciplinary team may require any person ordered to
16 submit to an examination and evaluation pursuant to this
17 Section to submit to any additional supplemental testing
18 deemed necessary to complete any examination or evaluation
19 process, including, but not limited to, blood testing,
20 urinalysis, psychological testing, or neuropsychological
21 testing. The Medical Board or the Department may order the
22 examining physician or any member of the multidisciplinary
23 team to provide to the Department or the Medical Board any and
24 all records, including business records, that relate to the
25 examination and evaluation, including any supplemental testing
26 performed. The Medical Board or the Department may order the

1 examining physician or any member of the multidisciplinary
2 team to present testimony concerning this examination and
3 evaluation of the licensee, permit holder, or applicant,
4 including testimony concerning any supplemental testing or
5 documents relating to the examination and evaluation. No
6 information, report, record, or other documents in any way
7 related to the examination and evaluation shall be excluded by
8 reason of any common law or statutory privilege relating to
9 communication between the licensee, permit holder, or
10 applicant and the examining physician or any member of the
11 multidisciplinary team. No authorization is necessary from the
12 licensee, permit holder, or applicant ordered to undergo an
13 evaluation and examination for the examining physician or any
14 member of the multidisciplinary team to provide information,
15 reports, records, or other documents or to provide any
16 testimony regarding the examination and evaluation. The
17 individual to be examined may have, at his or her own expense,
18 another physician of his or her choice present during all
19 aspects of the examination. Failure of any individual to
20 submit to mental or physical examination and evaluation, or
21 both, when directed, shall result in an automatic suspension,
22 without hearing, until such time as the individual submits to
23 the examination. If the Medical Board finds a physician unable
24 to practice following an examination and evaluation because of
25 the reasons set forth in this Section, the Medical Board shall
26 require such physician to submit to care, counseling, or

1 treatment by physicians, or other health care professionals,
2 approved or designated by the Medical Board, as a condition
3 for issued, continued, reinstated, or renewed licensure to
4 practice. Any physician, whose license was granted pursuant to
5 Section 9, 17, or 19 of this Act, or, continued, reinstated,
6 renewed, disciplined, or supervised, subject to such terms,
7 conditions, or restrictions who shall fail to comply with such
8 terms, conditions, or restrictions, or to complete a required
9 program of care, counseling, or treatment, as determined by
10 the Chief Medical Coordinator or Deputy Medical Coordinators,
11 shall be referred to the Secretary for a determination as to
12 whether the licensee shall have his or her license suspended
13 immediately, pending a hearing by the Medical Board. In
14 instances in which the Secretary immediately suspends a
15 license under this Section, a hearing upon such person's
16 license must be convened by the Medical Board within 15 days
17 after such suspension and completed without appreciable delay.
18 The Medical Board shall have the authority to review the
19 subject physician's record of treatment and counseling
20 regarding the impairment, to the extent permitted by
21 applicable federal statutes and regulations safeguarding the
22 confidentiality of medical records.

23 An individual licensed under this Act, affected under this
24 Section, shall be afforded an opportunity to demonstrate to
25 the Medical Board that he or she can resume practice in
26 compliance with acceptable and prevailing standards under the

1 provisions of his or her license.

2 The Medical Board, in determining mental capacity of an
3 individual licensed under this Act, shall consider the latest
4 recommendations of the Federation of State Medical Boards.

5 The Department may promulgate rules for the imposition of
6 fines in disciplinary cases, not to exceed \$10,000 for each
7 violation of this Act. Fines may be imposed in conjunction
8 with other forms of disciplinary action, but shall not be the
9 exclusive disposition of any disciplinary action arising out
10 of conduct resulting in death or injury to a patient. Any funds
11 collected from such fines shall be deposited in the Illinois
12 State Medical Disciplinary Fund.

13 All fines imposed under this Section shall be paid within
14 60 days after the effective date of the order imposing the fine
15 or in accordance with the terms set forth in the order imposing
16 the fine.

17 (B) The Department shall revoke the license or permit
18 issued under this Act to practice medicine or a chiropractic
19 physician who has been convicted a second time of committing
20 any felony under the Illinois Controlled Substances Act or the
21 Methamphetamine Control and Community Protection Act, or who
22 has been convicted a second time of committing a Class 1 felony
23 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
24 person whose license or permit is revoked under this
25 subsection B shall be prohibited from practicing medicine or
26 treating human ailments without the use of drugs and without

1 operative surgery.

2 (C) The Department shall not revoke, suspend, place on
3 probation, reprimand, refuse to issue or renew, or take any
4 other disciplinary or non-disciplinary action against the
5 license or permit issued under this Act to practice medicine
6 to a physician:

7 (1) based solely upon the recommendation of the
8 physician to an eligible patient regarding, or
9 prescription for, or treatment with, an investigational
10 drug, biological product, or device; or

11 (2) for experimental treatment for Lyme disease or
12 other tick-borne diseases, including, but not limited to,
13 the prescription of or treatment with long-term
14 antibiotics. +

15 ~~(3) based solely upon the physician providing,~~
16 ~~authorizing, recommending, aiding, assisting, referring~~
17 ~~for, or otherwise participating in any health care~~
18 ~~service, so long as the care was not unlawful under the~~
19 ~~laws of this State, regardless of whether the patient was~~
20 ~~a resident of this State or another state; or~~

21 ~~(4) based upon the physician's license being revoked~~
22 ~~or suspended, or the physician being otherwise disciplined~~
23 ~~by any other state, if that revocation, suspension, or~~
24 ~~other form of discipline was based solely on the physician~~
25 ~~violating another state's laws prohibiting the provision~~
26 ~~of, authorization of, recommendation of, aiding or~~

~~1 assisting in, referring for, or participation in any
2 health care service if that health care service as
3 provided would not have been unlawful under the laws of
4 this State and is consistent with the standards of conduct
5 for the physician if it occurred in Illinois.~~

6 (D) The Medical Board shall recommend to the Department
7 civil penalties and any other appropriate discipline in
8 disciplinary cases when the Medical Board finds that a
9 physician willfully performed an abortion with actual
10 knowledge that the person upon whom the abortion has been
11 performed is a minor or an incompetent person without notice
12 as required under the Parental Notice of Abortion Act of 2024.
13 Upon the Medical Board's recommendation, the Department shall
14 impose, for the first violation, a civil penalty of \$1,000 and
15 for a second or subsequent violation, a civil penalty of
16 \$5,000. ~~(Blank).~~

17 ~~(E) The conduct specified in subsection (C) shall not~~
18 ~~trigger reporting requirements under Section 23, constitute~~
19 ~~grounds for suspension under Section 25, or be included on the~~
20 ~~physician's profile required under Section 10 of the Patients'~~
21 ~~Right to Know Act.~~

22 ~~(F) An applicant seeking licensure, certification, or~~
23 ~~authorization pursuant to this Act and who has been subject to~~
24 ~~disciplinary action by a duly authorized professional~~
25 ~~disciplinary agency of another jurisdiction solely on the~~
26 ~~basis of having provided, authorized, recommended, aided,~~

1 ~~assisted, referred for, or otherwise participated in health~~
2 ~~care shall not be denied such licensure, certification, or~~
3 ~~authorization, unless the Department determines that the~~
4 ~~action would have constituted professional misconduct in this~~
5 ~~State; however, nothing in this Section shall be construed as~~
6 ~~prohibiting the Department from evaluating the conduct of the~~
7 ~~applicant and making a determination regarding the licensure,~~
8 ~~certification, or authorization to practice a profession under~~
9 ~~this Act.~~

10 ~~(C) The Department may adopt rules to implement the~~
11 ~~changes made by this amendatory Act of the 102nd General~~
12 ~~Assembly.~~

13 (Source: P.A. 102-20, eff. 1-1-22; 102-558, eff. 8-20-21;
14 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23; 103-442, eff.
15 1-1-24.)

16 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

17 (Section scheduled to be repealed on January 1, 2027)

18 Sec. 23. Reports relating to professional conduct and
19 capacity.

20 (A) Entities required to report.

21 (1) Health care institutions. The chief administrator
22 or executive officer of any health care institution
23 licensed by the Illinois Department of Public Health shall
24 report to the Medical Board when any person's clinical
25 privileges are terminated or are restricted based on a

1 final determination made in accordance with that
2 institution's by-laws or rules and regulations that a
3 person has either committed an act or acts which may
4 directly threaten patient care or that a person may have a
5 mental or physical disability that may endanger patients
6 under that person's care. Such officer also shall report
7 if a person accepts voluntary termination or restriction
8 of clinical privileges in lieu of formal action based upon
9 conduct related directly to patient care or in lieu of
10 formal action seeking to determine whether a person may
11 have a mental or physical disability that may endanger
12 patients under that person's care. The Medical Board
13 shall, by rule, provide for the reporting to it by health
14 care institutions of all instances in which a person,
15 licensed under this Act, who is impaired by reason of age,
16 drug or alcohol abuse, or physical or mental impairment,
17 is under supervision and, where appropriate, is in a
18 program of rehabilitation. Such reports shall be strictly
19 confidential and may be reviewed and considered only by
20 the members of the Medical Board, or by authorized staff
21 as provided by rules of the Medical Board. Provisions
22 shall be made for the periodic report of the status of any
23 such person not less than twice annually in order that the
24 Medical Board shall have current information upon which to
25 determine the status of any such person. Such initial and
26 periodic reports of impaired physicians shall not be

1 considered records within the meaning of the State Records
2 Act and shall be disposed of, following a determination by
3 the Medical Board that such reports are no longer
4 required, in a manner and at such time as the Medical Board
5 shall determine by rule. The filing of such reports shall
6 be construed as the filing of a report for purposes of
7 subsection (C) of this Section. ~~Such health care~~
8 ~~institution shall not take any adverse action, including,~~
9 ~~but not limited to, restricting or terminating any~~
10 ~~person's clinical privileges, as a result of an adverse~~
11 ~~action against a person's license or clinical privileges~~
12 ~~or other disciplinary action by another state or health~~
13 ~~care institution that resulted from the person's provision~~
14 ~~of, authorization of, recommendation of, aiding or~~
15 ~~assistance with, referral for, or participation in any~~
16 ~~health care service if the adverse action was based solely~~
17 ~~on a violation of the other state's law prohibiting the~~
18 ~~provision of such health care and related services in the~~
19 ~~state or for a resident of the state if that health care~~
20 ~~service would not have been unlawful under the laws of~~
21 ~~this State and is consistent with the standards of conduct~~
22 ~~for physicians practicing in Illinois.~~

23 (1.5) Clinical training programs. The program director
24 of any post-graduate clinical training program shall
25 report to the Medical Board if a person engaged in a
26 post-graduate clinical training program at the

1 institution, including, but not limited to, a residency or
2 fellowship, separates from the program for any reason
3 prior to its conclusion. The program director shall
4 provide all documentation relating to the separation if,
5 after review of the report, the Medical Board determines
6 that a review of those documents is necessary to determine
7 whether a violation of this Act occurred.

8 (2) Professional associations. The President or chief
9 executive officer of any association or society, of
10 persons licensed under this Act, operating within this
11 State shall report to the Medical Board when the
12 association or society renders a final determination that
13 a person has committed unprofessional conduct related
14 directly to patient care or that a person may have a mental
15 or physical disability that may endanger patients under
16 that person's care.

17 (3) Professional liability insurers. Every insurance
18 company which offers policies of professional liability
19 insurance to persons licensed under this Act, or any other
20 entity which seeks to indemnify the professional liability
21 of a person licensed under this Act, shall report to the
22 Medical Board the settlement of any claim or cause of
23 action, or final judgment rendered in any cause of action,
24 which alleged negligence in the furnishing of medical care
25 by such licensed person when such settlement or final
26 judgment is in favor of the plaintiff. ~~Such insurance~~

1 ~~company shall not take any adverse action, including, but~~
2 ~~not limited to, denial or revocation of coverage, or rate~~
3 ~~increases, against a person licensed under this Act with~~
4 ~~respect to coverage for services provided in the State if~~
5 ~~based solely on the person providing, authorizing,~~
6 ~~recommending, aiding, assisting, referring for, or~~
7 ~~otherwise participating in health care services in this~~
8 ~~State in violation of another state's law, or a revocation~~
9 ~~or other adverse action against the person's license in~~
10 ~~another state for violation of such law if that health~~
11 ~~care service as provided would have been lawful and~~
12 ~~consistent with the standards of conduct for physicians if~~
13 ~~it occurred in the State. Notwithstanding this provision,~~
14 ~~it is against public policy to require coverage for an~~
15 ~~illegal action.~~

16 (4) State's Attorneys. The State's Attorney of each
17 county shall report to the Medical Board, within 5 days,
18 any instances in which a person licensed under this Act is
19 convicted of any felony or Class A misdemeanor. The
20 State's Attorney of each county may report to the Medical
21 Board through a verified complaint any instance in which
22 the State's Attorney believes that a physician has
23 willfully violated the notice requirements of the Parental
24 Notice of Abortion Act of 2024.

25 (5) State agencies. All agencies, boards, commissions,
26 departments, or other instrumentalities of the government

1 of the State of Illinois shall report to the Medical Board
2 any instance arising in connection with the operations of
3 such agency, including the administration of any law by
4 such agency, in which a person licensed under this Act has
5 either committed an act or acts which may be a violation of
6 this Act or which may constitute unprofessional conduct
7 related directly to patient care or which indicates that a
8 person licensed under this Act may have a mental or
9 physical disability that may endanger patients under that
10 person's care.

11 (B) Mandatory reporting. All reports required by items
12 (34), (35), and (36) of subsection (A) of Section 22 and by
13 Section 23 shall be submitted to the Medical Board in a timely
14 fashion. Unless otherwise provided in this Section, the
15 reports shall be filed in writing within 60 days after a
16 determination that a report is required under this Act. All
17 reports shall contain the following information:

18 (1) The name, address, and telephone number of the
19 person making the report.

20 (2) The name, address, and telephone number of the
21 person who is the subject of the report.

22 (3) The name and date of birth of any patient or
23 patients whose treatment is a subject of the report, if
24 available, or other means of identification if such
25 information is not available, identification of the
26 hospital or other health care ~~healthcare~~ facility where

1 the care at issue in the report was rendered, provided,
2 however, no medical records may be revealed.

3 (4) A brief description of the facts which gave rise
4 to the issuance of the report, including the dates of any
5 occurrences deemed to necessitate the filing of the
6 report.

7 (5) If court action is involved, the identity of the
8 court in which the action is filed, along with the docket
9 number and date of filing of the action.

10 (6) Any further pertinent information which the
11 reporting party deems to be an aid in the evaluation of the
12 report.

13 The Medical Board or Department may also exercise the
14 power under Section 38 of this Act to subpoena copies of
15 hospital or medical records in mandatory report cases alleging
16 death or permanent bodily injury. Appropriate rules shall be
17 adopted by the Department with the approval of the Medical
18 Board.

19 When the Department has received written reports
20 concerning incidents required to be reported in items (34),
21 (35), and (36) of subsection (A) of Section 22, the licensee's
22 failure to report the incident to the Department under those
23 items shall not be the sole grounds for disciplinary action.

24 Nothing contained in this Section shall act to, in any
25 way, waive or modify the confidentiality of medical reports
26 and committee reports to the extent provided by law. Any

1 information reported or disclosed shall be kept for the
2 confidential use of the Medical Board, the Medical
3 Coordinators, the Medical Board's attorneys, the medical
4 investigative staff, and authorized clerical staff, as
5 provided in this Act, and shall be afforded the same status as
6 is provided information concerning medical studies in Part 21
7 of Article VIII of the Code of Civil Procedure, except that the
8 Department may disclose information and documents to a
9 federal, State, or local law enforcement agency pursuant to a
10 subpoena in an ongoing criminal investigation or to a health
11 care licensing body or medical licensing authority of this
12 State or another state or jurisdiction pursuant to an official
13 request made by that licensing body or medical licensing
14 authority. Furthermore, information and documents disclosed to
15 a federal, State, or local law enforcement agency may be used
16 by that agency only for the investigation and prosecution of a
17 criminal offense, or, in the case of disclosure to a health
18 care licensing body or medical licensing authority, only for
19 investigations and disciplinary action proceedings with regard
20 to a license. Information and documents disclosed to the
21 Department of Public Health may be used by that Department
22 only for investigation and disciplinary action regarding the
23 license of a health care institution licensed by the
24 Department of Public Health.

25 (C) Immunity from prosecution. Any individual or
26 organization acting in good faith, and not in a wilful and

1 wanton manner, in complying with this Act by providing any
2 report or other information to the Medical Board or a peer
3 review committee, or assisting in the investigation or
4 preparation of such information, or by voluntarily reporting
5 to the Medical Board or a peer review committee information
6 regarding alleged errors or negligence by a person licensed
7 under this Act, or by participating in proceedings of the
8 Medical Board or a peer review committee, or by serving as a
9 member of the Medical Board or a peer review committee, shall
10 not, as a result of such actions, be subject to criminal
11 prosecution or civil damages.

12 (D) Indemnification. Members of the Medical Board, the
13 Medical Coordinators, the Medical Board's attorneys, the
14 medical investigative staff, physicians retained under
15 contract to assist and advise the medical coordinators in the
16 investigation, and authorized clerical staff shall be
17 indemnified by the State for any actions occurring within the
18 scope of services on the Medical Board, done in good faith and
19 not wilful and wanton in nature. The Attorney General shall
20 defend all such actions unless he or she determines either
21 that there would be a conflict of interest in such
22 representation or that the actions complained of were not in
23 good faith or were wilful and wanton.

24 Should the Attorney General decline representation, the
25 member shall have the right to employ counsel of his or her
26 choice, whose fees shall be provided by the State, after

1 approval by the Attorney General, unless there is a
2 determination by a court that the member's actions were not in
3 good faith or were wilful and wanton.

4 The member must notify the Attorney General within 7 days
5 of receipt of notice of the initiation of any action involving
6 services of the Medical Board. Failure to so notify the
7 Attorney General shall constitute an absolute waiver of the
8 right to a defense and indemnification.

9 The Attorney General shall determine within 7 days after
10 receiving such notice, whether he or she will undertake to
11 represent the member.

12 (E) Deliberations of Medical Board. Upon the receipt of
13 any report called for by this Act, other than those reports of
14 impaired persons licensed under this Act required pursuant to
15 the rules of the Medical Board, the Medical Board shall notify
16 in writing, by mail or email, the person who is the subject of
17 the report. Such notification shall be made within 30 days of
18 receipt by the Medical Board of the report.

19 The notification shall include a written notice setting
20 forth the person's right to examine the report. Included in
21 such notification shall be the address at which the file is
22 maintained, the name of the custodian of the reports, and the
23 telephone number at which the custodian may be reached. The
24 person who is the subject of the report shall submit a written
25 statement responding, clarifying, adding to, or proposing the
26 amending of the report previously filed. The person who is the

1 subject of the report shall also submit with the written
2 statement any medical records related to the report. The
3 statement and accompanying medical records shall become a
4 permanent part of the file and must be received by the Medical
5 Board no more than 30 days after the date on which the person
6 was notified by the Medical Board of the existence of the
7 original report.

8 The Medical Board shall review all reports received by it,
9 together with any supporting information and responding
10 statements submitted by persons who are the subject of
11 reports. The review by the Medical Board shall be in a timely
12 manner but in no event, shall the Medical Board's initial
13 review of the material contained in each disciplinary file be
14 less than 61 days nor more than 180 days after the receipt of
15 the initial report by the Medical Board.

16 When the Medical Board makes its initial review of the
17 materials contained within its disciplinary files, the Medical
18 Board shall, in writing, make a determination as to whether
19 there are sufficient facts to warrant further investigation or
20 action. Failure to make such determination within the time
21 provided shall be deemed to be a determination that there are
22 not sufficient facts to warrant further investigation or
23 action.

24 Should the Medical Board find that there are not
25 sufficient facts to warrant further investigation, or action,
26 the report shall be accepted for filing and the matter shall be

1 deemed closed and so reported to the Secretary. The Secretary
2 shall then have 30 days to accept the Medical Board's decision
3 or request further investigation. The Secretary shall inform
4 the Medical Board of the decision to request further
5 investigation, including the specific reasons for the
6 decision. The individual or entity filing the original report
7 or complaint and the person who is the subject of the report or
8 complaint shall be notified in writing by the Secretary of any
9 final action on their report or complaint. The Department
10 shall disclose to the individual or entity who filed the
11 original report or complaint, on request, the status of the
12 Medical Board's review of a specific report or complaint. Such
13 request may be made at any time, including prior to the Medical
14 Board's determination as to whether there are sufficient facts
15 to warrant further investigation or action.

16 (F) Summary reports. The Medical Board shall prepare, on a
17 timely basis, but in no event less than once every other month,
18 a summary report of final disciplinary actions taken upon
19 disciplinary files maintained by the Medical Board. The
20 summary reports shall be made available to the public upon
21 request and payment of the fees set by the Department. This
22 publication may be made available to the public on the
23 Department's website. Information or documentation relating to
24 any disciplinary file that is closed without disciplinary
25 action taken shall not be disclosed and shall be afforded the
26 same status as is provided by Part 21 of Article VIII of the

1 Code of Civil Procedure.

2 (G) Any violation of this Section shall be a Class A
3 misdemeanor.

4 (H) If any such person violates the provisions of this
5 Section an action may be brought in the name of the People of
6 the State of Illinois, through the Attorney General of the
7 State of Illinois, for an order enjoining such violation or
8 for an order enforcing compliance with this Section. Upon
9 filing of a verified petition in such court, the court may
10 issue a temporary restraining order without notice or bond and
11 may preliminarily or permanently enjoin such violation, and if
12 it is established that such person has violated or is
13 violating the injunction, the court may punish the offender
14 for contempt of court. Proceedings under this paragraph shall
15 be in addition to, and not in lieu of, all other remedies and
16 penalties provided for by this Section.

17 ~~(I) The Department may adopt rules to implement the~~
18 ~~changes made by this amendatory Act of the 102nd General~~
19 ~~Assembly.~~

20 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21;
21 102-1117, eff. 1-13-23.)

22 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

23 (Section scheduled to be repealed on January 1, 2027)

24 Sec. 36. Investigation; notice.

25 (a) Upon the motion of either the Department or the

1 Medical Board or upon the verified complaint in writing of any
2 person setting forth facts which, if proven, would constitute
3 grounds for suspension or revocation under Section 22 of this
4 Act, the Department shall investigate the actions of any
5 person, so accused, who holds or represents that he or she
6 holds a license. Such person is hereinafter called the
7 accused.

8 (b) The Department shall, before suspending, revoking,
9 placing on probationary status, or taking any other
10 disciplinary action as the Department may deem proper with
11 regard to any license at least 30 days prior to the date set
12 for the hearing, notify the accused in writing of any charges
13 made and the time and place for a hearing of the charges before
14 the Medical Board, direct him or her to file his or her written
15 answer thereto to the Medical Board under oath within 20 days
16 after the service on him or her of such notice and inform him
17 or her that if he or she fails to file such answer default will
18 be taken against him or her and his or her license may be
19 suspended, revoked, placed on probationary status, or have
20 other disciplinary action, including limiting the scope,
21 nature, or extent of his or her practice, as the Department may
22 deem proper taken with regard thereto. The Department shall,
23 at least 14 days prior to the date set for the hearing, notify
24 in writing any person who filed a complaint against the
25 accused of the time and place for the hearing of the charges
26 against the accused before the Medical Board and inform such

1 person whether he or she may provide testimony at the hearing.

2 (c) Where a physician has been found, upon complaint and
3 investigation of the Department, and after hearing, to have
4 performed an abortion procedure in a willful and wanton manner
5 upon a woman who was not pregnant at the time such abortion
6 procedure was performed, the Department shall automatically
7 revoke the license of such physician to practice medicine in
8 this State. ~~(Blank).~~

9 (d) Such written notice and any notice in such proceedings
10 thereafter may be served by personal delivery, email to the
11 respondent's email address of record, or mail to the
12 respondent's address of record.

13 (e) All information gathered by the Department during its
14 investigation including information subpoenaed under Section
15 23 or 38 of this Act and the investigative file shall be kept
16 for the confidential use of the Secretary, the Medical Board,
17 the Medical Coordinators, persons employed by contract to
18 advise the Medical Coordinator or the Department, the Medical
19 Board's attorneys, the medical investigative staff, and
20 authorized clerical staff, as provided in this Act and shall
21 be afforded the same status as is provided information
22 concerning medical studies in Part 21 of Article VIII of the
23 Code of Civil Procedure, except that the Department may
24 disclose information and documents to a federal, State, or
25 local law enforcement agency pursuant to a subpoena in an
26 ongoing criminal investigation to a health care licensing body

1 of this State or another state or jurisdiction pursuant to an
2 official request made by that licensing body. Furthermore,
3 information and documents disclosed to a federal, State, or
4 local law enforcement agency may be used by that agency only
5 for the investigation and prosecution of a criminal offense
6 or, in the case of disclosure to a health care licensing body,
7 only for investigations and disciplinary action proceedings
8 with regard to a license issued by that licensing body.

9 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
10 102-20, eff. 1-1-22; 102-558, eff. 8-20-21.)

11 (225 ILCS 60/49.5)

12 (Section scheduled to be repealed on January 1, 2027)

13 Sec. 49.5. Telemedicine.

14 (a) The General Assembly finds and declares that because
15 of technological advances and changing practice patterns the
16 practice of medicine is occurring with increasing frequency
17 across state lines and across increasing geographical
18 distances within the State of Illinois and that certain
19 technological advances in the practice of medicine are in the
20 public interest. The General Assembly further finds and
21 declares that the practice of medicine is a privilege and that
22 the licensure by this State of practitioners outside this
23 State engaging in medical practice within this State and the
24 ability to discipline those practitioners is necessary for the
25 protection of the public health, welfare, and safety.

1 (b) A person who engages in the practice of telemedicine
2 without a license ~~or permit~~ issued under this Act shall be
3 subject to penalties provided in Section 59. ~~A person with a~~
4 ~~temporary permit for health care may treat a patient located~~
5 ~~in this State through telehealth services in a manner~~
6 ~~consistent with the person's scope of practice and agreement~~
7 ~~with a sponsoring entity.~~

8 (c) For purposes of this Act, "telemedicine" means the
9 performance of any of the activities listed in Section 49,
10 including, but not limited to, rendering written or oral
11 opinions concerning diagnosis or treatment of a patient in
12 Illinois by a person in a different location than the patient
13 as a result of transmission of individual patient data by
14 telephonic, electronic, or other means of communication.
15 "Telemedicine" does not include the following:

16 (1) periodic consultations between a person licensed
17 under this Act and a person outside the State of Illinois;

18 (2) a second opinion provided to a person licensed
19 under this Act;

20 (3) diagnosis or treatment services provided to a
21 patient in Illinois following care or treatment originally
22 provided to the patient in the state in which the provider
23 is licensed to practice medicine; and

24 (4) health care services provided to an existing
25 patient while the person licensed under this Act or
26 patient is traveling.

1 (d) Whenever the Department has reason to believe that a
2 person has violated this Section, the Department may issue a
3 rule to show cause why an order to cease and desist should not
4 be entered against that person. The rule shall clearly set
5 forth the grounds relied upon by the Department and shall
6 provide a period of 7 days from the date of the rule to file an
7 answer to the satisfaction of the Department. Failure to
8 answer to the satisfaction of the Department shall cause an
9 order to cease and desist to be issued immediately.

10 (e) An out-of-state person providing a service listed in
11 Section 49 to a patient residing in Illinois through the
12 practice of telemedicine submits himself or herself to the
13 jurisdiction of the courts of this State.

14 (Source: P.A. 102-1117, eff. 1-13-23.)

15 Section 5-100. The Nurse Practice Act is amended by
16 changing Sections 65-35, 65-43, 65-65, and 70-5 as follows:

17 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

18 (Section scheduled to be repealed on January 1, 2028)

19 Sec. 65-35. Written collaborative agreements.

20 (a) A written collaborative agreement is required for all
21 advanced practice registered nurses engaged in clinical
22 practice prior to meeting the requirements of Section 65-43,
23 except for advanced practice registered nurses who are
24 privileged to practice in a hospital, hospital affiliate, or

1 ambulatory surgical treatment center.

2 (a-5) If an advanced practice registered nurse engages in
3 clinical practice outside of a hospital, hospital affiliate,
4 or ambulatory surgical treatment center in which he or she is
5 privileged to practice, the advanced practice registered nurse
6 must have a written collaborative agreement, except as set
7 forth in Section 65-43.

8 (b) A written collaborative agreement shall describe the
9 relationship of the advanced practice registered nurse with
10 the collaborating physician and shall describe the categories
11 of care, treatment, or procedures to be provided by the
12 advanced practice registered nurse. A collaborative agreement
13 with a podiatric physician must be in accordance with
14 subsection (c-5) or (c-15) of this Section. A collaborative
15 agreement with a dentist must be in accordance with subsection
16 (c-10) of this Section. A collaborative agreement with a
17 podiatric physician must be in accordance with subsection
18 (c-5) of this Section. Collaboration does not require an
19 employment relationship between the collaborating physician
20 and the advanced practice registered nurse.

21 The collaborative relationship under an agreement shall
22 not be construed to require the personal presence of a
23 collaborating physician at the place where services are
24 rendered. Methods of communication shall be available for
25 consultation with the collaborating physician in person or by
26 telecommunications or electronic communications as set forth

1 in the written agreement.

2 (b-5) Absent an employment relationship, a written
3 collaborative agreement may not (1) restrict the categories of
4 patients of an advanced practice registered nurse within the
5 scope of the advanced practice registered nurses training and
6 experience, (2) limit third party payors or government health
7 programs, such as the medical assistance program or Medicare
8 with which the advanced practice registered nurse contracts,
9 or (3) limit the geographic area or practice location of the
10 advanced practice registered nurse in this State.

11 (c) In the case of anesthesia services provided by a
12 certified registered nurse anesthetist, an anesthesiologist, a
13 physician, a dentist, or a podiatric physician must
14 participate through discussion of and agreement with the
15 anesthesia plan and remain physically present and available on
16 the premises during the delivery of anesthesia services for
17 diagnosis, consultation, and treatment of emergency medical
18 conditions.

19 (c-5) A certified registered nurse anesthetist, who
20 provides anesthesia services outside of a hospital or
21 ambulatory surgical treatment center shall enter into a
22 written collaborative agreement with an anesthesiologist or
23 the physician licensed to practice medicine in all its
24 branches or the podiatric physician performing the procedure.
25 Outside of a hospital or ambulatory surgical treatment center,
26 the certified registered nurse anesthetist may provide only

1 those services that the collaborating podiatric physician is
2 authorized to provide pursuant to the Podiatric Medical
3 Practice Act of 1987 and rules adopted thereunder. A certified
4 registered nurse anesthetist may select, order, and administer
5 medication, including controlled substances, and apply
6 appropriate medical devices for delivery of anesthesia
7 services under the anesthesia plan agreed with by the
8 anesthesiologist or the operating physician or operating
9 podiatric physician.

10 (c-10) A certified registered nurse anesthetist who
11 provides anesthesia services in a dental office shall enter
12 into a written collaborative agreement with an
13 anesthesiologist or the physician licensed to practice
14 medicine in all its branches or the operating dentist
15 performing the procedure. The agreement shall describe the
16 working relationship of the certified registered nurse
17 anesthetist and dentist and shall authorize the categories of
18 care, treatment, or procedures to be performed by the
19 certified registered nurse anesthetist. In a collaborating
20 dentist's office, the certified registered nurse anesthetist
21 may only provide those services that the operating dentist
22 with the appropriate permit is authorized to provide pursuant
23 to the Illinois Dental Practice Act and rules adopted
24 thereunder. For anesthesia services, an anesthesiologist,
25 physician, or operating dentist shall participate through
26 discussion of and agreement with the anesthesia plan and shall

1 remain physically present and be available on the premises
2 during the delivery of anesthesia services for diagnosis,
3 consultation, and treatment of emergency medical conditions. A
4 certified registered nurse anesthetist may select, order, and
5 administer medication, including controlled substances, and
6 apply appropriate medical devices for delivery of anesthesia
7 services under the anesthesia plan agreed with by the
8 operating dentist.

9 (c-15) An advanced practice registered nurse who had a
10 written collaborative agreement with a podiatric physician
11 immediately before the effective date of Public Act 100-513
12 may continue in that collaborative relationship or enter into
13 a new written collaborative relationship with a podiatric
14 physician under the requirements of this Section and Section
15 65-40, as those Sections existed immediately before the
16 amendment of those Sections by Public Act 100-513 with regard
17 to a written collaborative agreement between an advanced
18 practice registered nurse and a podiatric physician.

19 (d) A copy of the signed, written collaborative agreement
20 must be available to the Department upon request from both the
21 advanced practice registered nurse and the collaborating
22 physician, dentist, or podiatric physician.

23 (e) Nothing in this Act shall be construed to limit the
24 delegation of tasks or duties by a physician to a licensed
25 practical nurse, a registered professional nurse, or other
26 persons in accordance with Section 54.2 of the Medical

1 Practice Act of 1987. Nothing in this Act shall be construed to
2 limit the method of delegation that may be authorized by any
3 means, including, but not limited to, oral, written,
4 electronic, standing orders, protocols, guidelines, or verbal
5 orders.

6 (e-5) Nothing in this Act shall be construed to authorize
7 an advanced practice registered nurse to provide health care
8 services required by law or rule to be performed by a
9 physician, including those acts to be performed by a physician
10 in Section 1-10 of the Illinois Abortion Law of 2024. ~~The scope~~
11 ~~of practice of an advanced practice registered nurse does not~~
12 ~~include operative surgery. Nothing in this Section shall be~~
13 ~~construed to preclude an advanced practice registered nurse~~
14 ~~from assisting in surgery.~~

15 (f) An advanced practice registered nurse shall inform
16 each collaborating physician, dentist, or podiatric physician
17 of all collaborative agreements he or she has signed and
18 provide a copy of these to any collaborating physician,
19 dentist, or podiatric physician upon request.

20 (g) (Blank).

21 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
22 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

23 (225 ILCS 65/65-43)

24 (Section scheduled to be repealed on January 1, 2028)

25 Sec. 65-43. Full practice authority.

1 (a) An Illinois-licensed advanced practice registered
2 nurse certified as a nurse practitioner, nurse midwife, or
3 clinical nurse specialist shall be deemed by law to possess
4 the ability to practice without a written collaborative
5 agreement as set forth in this Section.

6 (b) An advanced practice registered nurse certified as a
7 nurse midwife, clinical nurse specialist, or nurse
8 practitioner who files with the Department a notarized
9 attestation of completion of at least 250 hours of continuing
10 education or training and at least 4,000 hours of clinical
11 experience after first attaining national certification shall
12 not require a written collaborative agreement. Documentation
13 of successful completion shall be provided to the Department
14 upon request.

15 Continuing education or training hours required by
16 subsection (b) shall be in the advanced practice registered
17 nurse's area of certification as set forth by Department rule.

18 The clinical experience must be in the advanced practice
19 registered nurse's area of certification. The clinical
20 experience shall be in collaboration with a physician or
21 physicians. Completion of the clinical experience must be
22 attested to by the collaborating physician or physicians or
23 employer and the advanced practice registered nurse. If the
24 collaborating physician or physicians or employer is unable to
25 attest to the completion of the clinical experience, the
26 Department may accept other evidence of clinical experience as

1 established by rule.

2 (c) The scope of practice of an advanced practice
3 registered nurse with full practice authority includes:

4 (1) all matters included in subsection (c) of Section
5 65-30 of this Act;

6 (2) practicing without a written collaborative
7 agreement in all practice settings consistent with
8 national certification;

9 (3) authority to prescribe both legend drugs and
10 Schedule II through V controlled substances; this
11 authority includes prescription of, selection of, orders
12 for, administration of, storage of, acceptance of samples
13 of, and dispensing over the counter medications, legend
14 drugs, and controlled substances categorized as any
15 Schedule II through V controlled substances, as defined in
16 Article II of the Illinois Controlled Substances Act, and
17 other preparations, including, but not limited to,
18 botanical and herbal remedies;

19 (4) prescribing Schedule II narcotic drugs, such as
20 opioids, only in a consultation relationship with a
21 physician; this consultation relationship shall be
22 recorded in the Prescription Monitoring Program website,
23 pursuant to Section 316 of the Illinois Controlled
24 Substances Act, by the physician and advanced practice
25 registered nurse with full practice authority and is not
26 required to be filed with the Department; the specific

1 Schedule II narcotic drug must be identified by either
2 brand name or generic name; the specific Schedule II
3 narcotic drug, such as an opioid, may be administered by
4 oral dosage or topical or transdermal application;
5 delivery by injection or other route of administration is
6 not permitted; at least monthly, the advanced practice
7 registered nurse and the physician must discuss the
8 condition of any patients for whom an opioid is
9 prescribed; nothing in this subsection shall be construed
10 to require a prescription by an advanced practice
11 registered nurse with full practice authority to require a
12 physician name;

13 (4.5) prescribing up to a 120-day supply of
14 benzodiazepines without a consultation relationship with a
15 physician; thereafter, continued prescription of
16 benzodiazepines shall require a consultation with a
17 physician; nothing in this subsection shall be construed
18 to require a prescription by an advanced practice
19 registered nurse with full practice authority to require a
20 physician name;

21 (5) authority to obtain an Illinois controlled
22 substance license and a federal Drug Enforcement
23 Administration number; and

24 (6) use of only local anesthetic.

25 The scope of practice of an advanced practice registered
26 nurse does not include operative surgery. ~~Nothing in this~~

1 ~~Section shall be construed to preclude an advanced practice~~
2 ~~registered nurse from assisting in surgery.~~

3 (d) The Department may adopt rules necessary to administer
4 this Section, including, but not limited to, requiring the
5 completion of forms and the payment of fees.

6 (e) Nothing in this Act shall be construed to authorize an
7 advanced practice registered nurse with full practice
8 authority to provide health care services required by law or
9 rule to be performed by a physician, including, but not
10 limited to, those acts to be performed by a physician in
11 Section 3.1 of the Illinois Abortion Law of 2024.

12 (Source: P.A. 102-75, eff. 1-1-22; 103-60, eff. 1-1-24.)

13 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

14 (Section scheduled to be repealed on January 1, 2028)

15 Sec. 65-65. Reports relating to APRN professional conduct
16 and capacity.

17 (a) Entities Required to Report.

18 (1) Health Care Institutions. The chief administrator
19 or executive officer of a health care institution licensed
20 by the Department of Public Health, which provides the
21 minimum due process set forth in Section 10.4 of the
22 Hospital Licensing Act, shall report to the Board when an
23 advanced practice registered nurse's organized
24 professional staff clinical privileges are terminated or
25 are restricted based on a final determination, in

1 accordance with that institution's bylaws or rules and
2 regulations, that (i) a person has either committed an act
3 or acts that may directly threaten patient care and that
4 are not of an administrative nature or (ii) that a person
5 may have a mental or physical disability that may endanger
6 patients under that person's care. The chief administrator
7 or officer shall also report if an advanced practice
8 registered nurse accepts voluntary termination or
9 restriction of clinical privileges in lieu of formal
10 action based upon conduct related directly to patient care
11 and not of an administrative nature, or in lieu of formal
12 action seeking to determine whether a person may have a
13 mental or physical disability that may endanger patients
14 under that person's care. The Department shall provide by
15 rule for the reporting to it of all instances in which a
16 person licensed under this Article, who is impaired by
17 reason of age, drug~~7~~ or alcohol abuse~~2~~, or physical or
18 mental impairment, is under supervision and, where
19 appropriate, is in a program of rehabilitation. Reports
20 submitted under this subsection shall be strictly
21 confidential and may be reviewed and considered only by
22 the members of the Board or authorized staff as provided
23 by rule of the Department. Provisions shall be made for
24 the periodic report of the status of any such reported
25 person not less than twice annually in order that the
26 Board shall have current information upon which to

1 determine the status of that person. Initial and periodic
2 reports of impaired advanced practice registered nurses
3 shall not be considered records within the meaning of the
4 State Records Act and shall be disposed of, following a
5 determination by the Board that such reports are no longer
6 required, in a manner and at an appropriate time as the
7 Board shall determine by rule. The filing of reports
8 submitted under this subsection shall be construed as the
9 filing of a report for purposes of subsection (c) of this
10 Section. ~~Such health care institution shall not take any
11 adverse action, including, but not limited to, restricting
12 or terminating any person's clinical privileges, as a
13 result of an adverse action against a person's license or
14 clinical privileges or other disciplinary action by
15 another state or health care institution that resulted
16 from the person's provision of, authorization of,
17 recommendation of, aiding or assistance with, referral
18 for, or participation in any health care service if the
19 adverse action was based solely on a violation of the
20 other state's law prohibiting the provision of such health
21 care and related services in the state or for a resident of
22 the state if that health care service would not have been
23 unlawful under the laws of this State and is consistent
24 with the standards of conduct for advanced practice
25 registered nurses practicing in Illinois.~~

26 (2) Professional Associations. The President or chief

1 executive officer of an association or society of persons
2 licensed under this Article, operating within this State,
3 shall report to the Board when the association or society
4 renders a final determination that a person licensed under
5 this Article has committed unprofessional conduct related
6 directly to patient care or that a person may have a mental
7 or physical disability that may endanger patients under
8 the person's care.

9 (3) Professional Liability Insurers. Every insurance
10 company that offers policies of professional liability
11 insurance to persons licensed under this Article, or any
12 other entity that seeks to indemnify the professional
13 liability of a person licensed under this Article, shall
14 report to the Board the settlement of any claim or cause of
15 action, or final judgment rendered in any cause of action,
16 that alleged negligence in the furnishing of patient care
17 by the licensee when the settlement or final judgment is
18 in favor of the plaintiff. ~~Such insurance company shall~~
19 ~~not take any adverse action, including, but not limited~~
20 ~~to, denial or revocation of coverage, or rate increases,~~
21 ~~against a person licensed under this Act with respect to~~
22 ~~coverage for services provided in Illinois if based solely~~
23 ~~on the person providing, authorizing, recommending,~~
24 ~~aiding, assisting, referring for, or otherwise~~
25 ~~participating in health care services this State in~~
26 ~~violation of another state's law, or a revocation or other~~

1 ~~adverse action against the person's license in another~~
2 ~~state for violation of such law if that health care~~
3 ~~service as provided would have been lawful and consistent~~
4 ~~with the standards of conduct for registered nurses and~~
5 ~~advanced practice registered nurses if it occurred in~~
6 ~~Illinois. Notwithstanding this provision, it is against~~
7 ~~public policy to require coverage for an illegal action.~~

8 (4) State's Attorneys. The State's Attorney of each
9 county shall report to the Board all instances in which a
10 person licensed under this Article is convicted or
11 otherwise found guilty of the commission of a felony.

12 (5) State Agencies. All agencies, boards, commissions,
13 departments, or other instrumentalities of the government
14 of this State shall report to the Board any instance
15 arising in connection with the operations of the agency,
16 including the administration of any law by the agency, in
17 which a person licensed under this Article has either
18 committed an act or acts that may constitute a violation
19 of this Article, that may constitute unprofessional
20 conduct related directly to patient care, or that
21 indicates that a person licensed under this Article may
22 have a mental or physical disability that may endanger
23 patients under that person's care.

24 (b) Mandatory Reporting. All reports required under items
25 (16) and (17) of subsection (a) of Section 70-5 shall be
26 submitted to the Board in a timely fashion. The reports shall

1 be filed in writing within 60 days after a determination that a
2 report is required under this Article. All reports shall
3 contain the following information:

4 (1) The name, address, and telephone number of the
5 person making the report.

6 (2) The name, address, and telephone number of the
7 person who is the subject of the report.

8 (3) The name or other means of identification of any
9 patient or patients whose treatment is a subject of the
10 report, except that no medical records may be revealed
11 without the written consent of the patient or patients.

12 (4) A brief description of the facts that gave rise to
13 the issuance of the report, including, but not limited to,
14 the dates of any occurrences deemed to necessitate the
15 filing of the report.

16 (5) If court action is involved, the identity of the
17 court in which the action is filed, the docket number, and
18 date of filing of the action.

19 (6) Any further pertinent information that the
20 reporting party deems to be an aid in the evaluation of the
21 report.

22 Nothing contained in this Section shall be construed to in
23 any way waive or modify the confidentiality of medical reports
24 and committee reports to the extent provided by law. Any
25 information reported or disclosed shall be kept for the
26 confidential use of the Board, the Board's attorneys, the

1 investigative staff, and authorized clerical staff and shall
2 be afforded the same status as is provided information
3 concerning medical studies in Part 21 of Article VIII of the
4 Code of Civil Procedure.

5 (c) Immunity from Prosecution. An individual or
6 organization acting in good faith, and not in a willful and
7 wanton manner, in complying with this Section by providing a
8 report or other information to the Board, by assisting in the
9 investigation or preparation of a report or information, by
10 participating in proceedings of the Board, or by serving as a
11 member of the Board shall not, as a result of such actions, be
12 subject to criminal prosecution or civil damages.

13 (d) Indemnification. Members of the Board, the Board's
14 attorneys, the investigative staff, advanced practice
15 registered nurses or physicians retained under contract to
16 assist and advise in the investigation, and authorized
17 clerical staff shall be indemnified by the State for any
18 actions (i) occurring within the scope of services on the
19 Board, (ii) performed in good faith, and (iii) not willful and
20 wanton in nature. The Attorney General shall defend all
21 actions taken against those persons unless he or she
22 determines either that there would be a conflict of interest
23 in the representation or that the actions complained of were
24 not performed in good faith or were willful and wanton in
25 nature. If the Attorney General declines representation, the
26 member shall have the right to employ counsel of his or her

1 choice, whose fees shall be provided by the State, after
2 approval by the Attorney General, unless there is a
3 determination by a court that the member's actions were not
4 performed in good faith or were willful and wanton in nature.
5 The member shall notify the Attorney General within 7 days of
6 receipt of notice of the initiation of an action involving
7 services of the Board. Failure to so notify the Attorney
8 General shall constitute an absolute waiver of the right to a
9 defense and indemnification. The Attorney General shall
10 determine within 7 days after receiving the notice whether he
11 or she will undertake to represent the member.

12 (e) Deliberations of Board. Upon the receipt of a report
13 called for by this Section, other than those reports of
14 impaired persons licensed under this Article required pursuant
15 to the rules of the Board, the Board shall notify in writing by
16 certified or registered mail or by email to the email address
17 of record the person who is the subject of the report. The
18 notification shall be made within 30 days of receipt by the
19 Board of the report. The notification shall include a written
20 notice setting forth the person's right to examine the report.
21 Included in the notification shall be the address at which the
22 file is maintained, the name of the custodian of the reports,
23 and the telephone number at which the custodian may be
24 reached. The person who is the subject of the report shall
25 submit a written statement responding to, clarifying, adding
26 to, or proposing to amend the report previously filed. The

1 statement shall become a permanent part of the file and shall
2 be received by the Board no more than 30 days after the date on
3 which the person was notified of the existence of the original
4 report. The Board shall review all reports received by it and
5 any supporting information and responding statements submitted
6 by persons who are the subject of reports. The review by the
7 Board shall be in a timely manner but in no event shall the
8 Board's initial review of the material contained in each
9 disciplinary file be less than 61 days nor more than 180 days
10 after the receipt of the initial report by the Board. When the
11 Board makes its initial review of the materials contained
12 within its disciplinary files, the Board shall, in writing,
13 make a determination as to whether there are sufficient facts
14 to warrant further investigation or action. Failure to make
15 that determination within the time provided shall be deemed to
16 be a determination that there are not sufficient facts to
17 warrant further investigation or action. Should the Board find
18 that there are not sufficient facts to warrant further
19 investigation or action, the report shall be accepted for
20 filing and the matter shall be deemed closed and so reported.
21 The individual or entity filing the original report or
22 complaint and the person who is the subject of the report or
23 complaint shall be notified in writing by the Board of any
24 final action on their report or complaint.

25 (f) (Blank).

26 (g) Any violation of this Section shall constitute a Class

1 A misdemeanor.

2 (h) If a person violates the provisions of this Section,
3 an action may be brought in the name of the People of the State
4 of Illinois, through the Attorney General of the State of
5 Illinois, for an order enjoining the violation or for an order
6 enforcing compliance with this Section. Upon filing of a
7 petition in court, the court may issue a temporary restraining
8 order without notice or bond and may preliminarily or
9 permanently enjoin the violation, and if it is established
10 that the person has violated or is violating the injunction,
11 the court may punish the offender for contempt of court.
12 Proceedings under this subsection shall be in addition to, and
13 not in lieu of, all other remedies and penalties provided for
14 by this Section.

15 ~~(i) The Department may adopt rules to implement the~~
16 ~~changes made by this amendatory Act of the 102nd General~~
17 ~~Assembly.~~

18 (Source: P.A. 102-1117, eff. 1-13-23.)

19 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

20 (Section scheduled to be repealed on January 1, 2028)

21 Sec. 70-5. Grounds for disciplinary action.

22 (a) The Department may refuse to issue or to renew, or may
23 revoke, suspend, place on probation, reprimand, or take other
24 disciplinary or non-disciplinary action as the Department may
25 deem appropriate, including fines not to exceed \$10,000 per

1 violation, with regard to a license for any one or combination
2 of the causes set forth in subsection (b) below. All fines
3 collected under this Section shall be deposited in the Nursing
4 Dedicated and Professional Fund.

5 (b) Grounds for disciplinary action include the following:

6 (1) Material deception in furnishing information to
7 the Department.

8 (2) Material violations of any provision of this Act
9 or violation of the rules of or final administrative
10 action of the Secretary, after consideration of the
11 recommendation of the Board.

12 (3) Conviction by plea of guilty or nolo contendere,
13 finding of guilt, jury verdict, or entry of judgment or by
14 sentencing of any crime, including, but not limited to,
15 convictions, preceding sentences of supervision,
16 conditional discharge, or first offender probation, under
17 the laws of any jurisdiction of the United States: (i)
18 that is a felony; or (ii) that is a misdemeanor, an
19 essential element of which is dishonesty, or that is
20 directly related to the practice of the profession.

21 (4) A pattern of practice or other behavior which
22 demonstrates incapacity or incompetency to practice under
23 this Act.

24 (5) Knowingly aiding or assisting another person in
25 violating any provision of this Act or rules.

26 (6) Failing, within 90 days, to provide a response to

1 a request for information in response to a written request
2 made by the Department by certified or registered mail or
3 by email to the email address of record.

4 (7) Engaging in dishonorable, unethical, or
5 unprofessional conduct of a character likely to deceive,
6 defraud, or harm the public, as defined by rule.

7 (8) Unlawful taking, theft, selling, distributing, or
8 manufacturing of any drug, narcotic, or prescription
9 device.

10 (9) Habitual or excessive use or addiction to alcohol,
11 narcotics, stimulants, or any other chemical agent or drug
12 that could result in a licensee's inability to practice
13 with reasonable judgment, skill, or safety.

14 (10) Discipline by another U.S. jurisdiction or
15 foreign nation, if at least one of the grounds for the
16 discipline is the same or substantially equivalent to
17 those set forth in this Section.

18 (11) A finding that the licensee, after having her or
19 his license placed on probationary status or subject to
20 conditions or restrictions, has violated the terms of
21 probation or failed to comply with such terms or
22 conditions.

23 (12) Being named as a perpetrator in an indicated
24 report by the Department of Children and Family Services
25 and under the Abused and Neglected Child Reporting Act,
26 and upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or
2 neglected child as defined in the Abused and Neglected
3 Child Reporting Act.

4 (13) Willful omission to file or record, or willfully
5 impeding the filing or recording of or inducing another
6 person to omit to file or record, l medical reports as
7 required by law.

8 (13.5) Willfully failing to report an instance of
9 suspected child abuse or neglect as required by the Abused
10 and Neglected Child Reporting Act.

11 (14) Gross negligence in the practice of practical,
12 professional, or advanced practice registered nursing.

13 (15) Holding oneself out to be practicing nursing
14 under any name other than one's own.

15 (16) Failure of a licensee to report to the Department
16 any adverse final action taken against him or her by
17 another licensing jurisdiction of the United States or any
18 foreign state or country, any peer review body, any health
19 care institution, any professional or nursing society or
20 association, any governmental agency, any law enforcement
21 agency, or any court or a nursing liability claim related
22 to acts or conduct similar to acts or conduct that would
23 constitute grounds for action as defined in this Section.

24 (17) Failure of a licensee to report to the Department
25 surrender by the licensee of a license or authorization to
26 practice nursing or advanced practice registered nursing

1 in another state or jurisdiction or current surrender by
2 the licensee of membership on any nursing staff or in any
3 nursing or advanced practice registered nursing or
4 professional association or society while under
5 disciplinary investigation by any of those authorities or
6 bodies for acts or conduct similar to acts or conduct that
7 would constitute grounds for action as defined by this
8 Section.

9 (18) Failing, within 60 days, to provide information
10 in response to a written request made by the Department.

11 (19) Failure to establish and maintain records of
12 patient care and treatment as required by law.

13 (20) Fraud, deceit, or misrepresentation in applying
14 for or procuring a license under this Act or in connection
15 with applying for renewal of a license under this Act.

16 (21) Allowing another person or organization to use
17 the licensee's license to deceive the public.

18 (22) Willfully making or filing false records or
19 reports in the licensee's practice, including, but not
20 limited to, false records to support claims against the
21 medical assistance program of the Department of Healthcare
22 and Family Services (formerly Department of Public Aid)
23 under the Illinois Public Aid Code.

24 (23) Attempting to subvert or cheat on a licensing
25 examination administered under this Act.

26 (24) Immoral conduct in the commission of an act,

1 including, but not limited to, sexual abuse, sexual
2 misconduct, or sexual exploitation, related to the
3 licensee's practice.

4 (25) Willfully or negligently violating the
5 confidentiality between nurse and patient except as
6 required by law.

7 (26) Practicing under a false or assumed name, except
8 as provided by law.

9 (27) The use of any false, fraudulent, or deceptive
10 statement in any document connected with the licensee's
11 practice.

12 (28) Directly or indirectly giving to or receiving
13 from a person, firm, corporation, partnership, or
14 association a fee, commission, rebate, or other form of
15 compensation for professional services not actually or
16 personally rendered. Nothing in this paragraph (28)
17 affects any bona fide independent contractor or employment
18 arrangements among health care professionals, health
19 facilities, health care providers, or other entities,
20 except as otherwise prohibited by law. Any employment
21 arrangements may include provisions for compensation,
22 health insurance, pension, or other employment benefits
23 for the provision of services within the scope of the
24 licensee's practice under this Act. Nothing in this
25 paragraph (28) shall be construed to require an employment
26 arrangement to receive professional fees for services

1 rendered.

2 (29) A violation of the Health Care Worker
3 Self-Referral Act.

4 (30) Physical illness, mental illness, or disability
5 that results in the inability to practice the profession
6 with reasonable judgment, skill, or safety.

7 (31) Exceeding the terms of a collaborative agreement
8 or the prescriptive authority delegated to a licensee by
9 his or her collaborating physician or podiatric physician
10 in guidelines established under a written collaborative
11 agreement.

12 (32) Making a false or misleading statement regarding
13 a licensee's skill or the efficacy or value of the
14 medicine, treatment, or remedy prescribed by him or her in
15 the course of treatment.

16 (33) Prescribing, selling, administering,
17 distributing, giving, or self-administering a drug
18 classified as a controlled substance (designated product)
19 or narcotic for other than medically accepted therapeutic
20 purposes.

21 (34) Promotion of the sale of drugs, devices,
22 appliances, or goods provided for a patient in a manner to
23 exploit the patient for financial gain.

24 (35) Violating State or federal laws, rules, or
25 regulations relating to controlled substances.

26 (36) Willfully or negligently violating the

1 confidentiality between an advanced practice registered
2 nurse, collaborating physician, dentist, or podiatric
3 physician and a patient, except as required by law.

4 (37) Willfully failing to report an instance of
5 suspected abuse, neglect, financial exploitation, or
6 self-neglect of an eligible adult as defined in and
7 required by the Adult Protective Services Act.

8 (38) Being named as an abuser in a verified report by
9 the Department on Aging and under the Adult Protective
10 Services Act, and upon proof by clear and convincing
11 evidence that the licensee abused, neglected, or
12 financially exploited an eligible adult as defined in the
13 Adult Protective Services Act.

14 (39) A violation of any provision of this Act or any
15 rules adopted under this Act.

16 (40) Violating the Compassionate Use of Medical
17 Cannabis Program Act.

18 ~~(b 5) The Department shall not revoke, suspend, summarily~~
19 ~~suspend, place on probation, reprimand, refuse to issue or~~
20 ~~renew, or take any other disciplinary or non-disciplinary~~
21 ~~action against the license or permit issued under this Act to~~
22 ~~practice as a registered nurse or an advanced practice~~
23 ~~registered nurse based solely upon the registered nurse or~~
24 ~~advanced practice registered nurse providing, authorizing,~~
25 ~~recommending, aiding, assisting, referring for, or otherwise~~
26 ~~participating in any health care service, so long as the care~~

1 ~~was not unlawful under the laws of this State, regardless of~~
2 ~~whether the patient was a resident of this State or another~~
3 ~~state.~~

4 ~~(b-10) The Department shall not revoke, suspend, summarily~~
5 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
6 ~~renew, or take any other disciplinary or non disciplinary~~
7 ~~action against the license or permit issued under this Act to~~
8 ~~practice as a registered nurse or an advanced practice~~
9 ~~registered nurse based upon the registered nurse's or advanced~~
10 ~~practice registered nurse's license being revoked or~~
11 ~~suspended, or the registered nurse or advanced practice~~
12 ~~registered nurse being otherwise disciplined by any other~~
13 ~~state, if that revocation, suspension, or other form of~~
14 ~~discipline was based solely on the registered nurse or~~
15 ~~advanced practice registered nurse violating another state's~~
16 ~~laws prohibiting the provision of, authorization of,~~
17 ~~recommendation of, aiding or assisting in, referring for, or~~
18 ~~participation in any health care service if that health care~~
19 ~~service as provided would not have been unlawful under the~~
20 ~~laws of this State and is consistent with the standards of~~
21 ~~conduct for the registered nurse or advanced practice~~
22 ~~registered nurse practicing in Illinois.~~

23 ~~(b-15) The conduct specified in subsections (b-5) and~~
24 ~~(b-10) shall not trigger reporting requirements under Section~~
25 ~~65-65 or constitute grounds for suspension under Section~~
26 ~~70-60.~~

1 ~~(b-20) An applicant seeking licensure, certification, or~~
2 ~~authorization under this Act who has been subject to~~
3 ~~disciplinary action by a duly authorized professional~~
4 ~~disciplinary agency of another jurisdiction solely on the~~
5 ~~basis of having provided, authorized, recommended, aided,~~
6 ~~assisted, referred for, or otherwise participated in health~~
7 ~~care shall not be denied such licensure, certification, or~~
8 ~~authorization, unless the Department determines that such~~
9 ~~action would have constituted professional misconduct in this~~
10 ~~State; however, nothing in this Section shall be construed as~~
11 ~~prohibiting the Department from evaluating the conduct of such~~
12 ~~applicant and making a determination regarding the licensure,~~
13 ~~certification, or authorization to practice a profession under~~
14 ~~this Act.~~

15 (c) The determination by a circuit court that a licensee
16 is subject to involuntary admission or judicial admission as
17 provided in the Mental Health and Developmental Disabilities
18 Code, ~~as amended,~~ operates as an automatic suspension. The
19 suspension will end only upon a finding by a court that the
20 patient is no longer subject to involuntary admission or
21 judicial admission and issues an order so finding and
22 discharging the patient; and upon the recommendation of the
23 Board to the Secretary that the licensee be allowed to resume
24 his or her practice.

25 (d) The Department may refuse to issue or may suspend or
26 otherwise discipline the license of any person who fails to

1 file a return, or to pay the tax, penalty or interest shown in
2 a filed return, or to pay any final assessment of the tax,
3 penalty, or interest as required by any tax Act administered
4 by the Department of Revenue, until such time as the
5 requirements of any such tax Act are satisfied.

6 (e) In enforcing this Act, the Department, upon a showing
7 of a possible violation, may compel an individual licensed to
8 practice under this Act or who has applied for licensure under
9 this Act, to submit to a mental or physical examination, or
10 both, as required by and at the expense of the Department. The
11 Department may order the examining physician to present
12 testimony concerning the mental or physical examination of the
13 licensee or applicant. No information shall be excluded by
14 reason of any common law or statutory privilege relating to
15 communications between the licensee or applicant and the
16 examining physician. The examining physicians shall be
17 specifically designated by the Department. The individual to
18 be examined may have, at his or her own expense, another
19 physician of his or her choice present during all aspects of
20 this examination. Failure of an individual to submit to a
21 mental or physical examination, when directed, shall result in
22 an automatic suspension without hearing.

23 All substance-related violations shall mandate an
24 automatic substance abuse assessment. Failure to submit to an
25 assessment by a licensed physician who is certified as an
26 addictionist or an advanced practice registered nurse with

1 specialty certification in addictions may be grounds for an
2 automatic suspension, as defined by rule.

3 If the Department finds an individual unable to practice
4 or unfit for duty because of the reasons set forth in this
5 subsection (e), the Department may require that individual to
6 submit to a substance abuse evaluation or treatment by
7 individuals or programs approved or designated by the
8 Department, as a condition, term, or restriction for
9 continued, restored, or renewed licensure to practice; or, in
10 lieu of evaluation or treatment, the Department may file, or
11 the Board may recommend to the Department to file, a complaint
12 to immediately suspend, revoke, or otherwise discipline the
13 license of the individual. An individual whose license was
14 granted, continued, restored, renewed, disciplined, or
15 supervised subject to such terms, conditions, or restrictions,
16 and who fails to comply with such terms, conditions, or
17 restrictions, shall be referred to the Secretary for a
18 determination as to whether the individual shall have his or
19 her license suspended immediately, pending a hearing by the
20 Department.

21 In instances in which the Secretary immediately suspends a
22 person's license under this subsection (e), a hearing on that
23 person's license must be convened by the Department within 15
24 days after the suspension and completed without appreciable
25 delay. The Department and Board shall have the authority to
26 review the subject individual's record of treatment and

1 counseling regarding the impairment to the extent permitted by
2 applicable federal statutes and regulations safeguarding the
3 confidentiality of medical records.

4 An individual licensed under this Act and affected under
5 this subsection (e) shall be afforded an opportunity to
6 demonstrate to the Department that he or she can resume
7 practice in compliance with nursing standards under the
8 provisions of his or her license.

9 ~~(f) The Department may adopt rules to implement the~~
10 ~~changes made by this amendatory Act of the 102nd General~~
11 ~~Assembly.~~

12 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;
13 102-1117, eff. 1-13-23.)

14 Section 5-105. The Pharmacy Practice Act is amended by
15 changing Sections 30, 30.1, and 43 as follows:

16 (225 ILCS 85/30) (from Ch. 111, par. 4150)

17 (Section scheduled to be repealed on January 1, 2028)

18 Sec. 30. Refusal, revocation, suspension, or other
19 discipline.

20 (a) The Department may refuse to issue or renew, or may
21 revoke a license, or may suspend, place on probation, fine, or
22 take any disciplinary or non-disciplinary action as the
23 Department may deem proper, including fines not to exceed
24 \$10,000 for each violation, with regard to any licensee for

1 any one or combination of the following causes:

2 1. Material misstatement in furnishing information to
3 the Department.

4 2. Violations of this Act, or the rules promulgated
5 hereunder.

6 3. Making any misrepresentation for the purpose of
7 obtaining licenses.

8 4. A pattern of conduct which demonstrates
9 incompetence or unfitness to practice.

10 5. Aiding or assisting another person in violating any
11 provision of this Act or rules.

12 6. Failing, within 60 days, to respond to a written
13 request made by the Department for information.

14 7. Engaging in unprofessional, dishonorable, or
15 unethical conduct of a character likely to deceive,
16 defraud, or harm the public as defined by rule.

17 8. Adverse action taken by another state or
18 jurisdiction against a license or other authorization to
19 practice as a pharmacy, pharmacist, registered certified
20 pharmacy technician, or registered pharmacy technician
21 that is the same or substantially equivalent to those set
22 forth in this Section, a certified copy of the record of
23 the action taken by the other state or jurisdiction being
24 prima facie evidence thereof.

25 9. Directly or indirectly giving to or receiving from
26 any person, firm, corporation, partnership, or association

1 any fee, commission, rebate, or other form of compensation
2 for any professional services not actually or personally
3 rendered. Nothing in this item 9 affects any bona fide
4 independent contractor or employment arrangements among
5 health care professionals, health facilities, health care
6 providers, or other entities, except as otherwise
7 prohibited by law. Any employment arrangements may include
8 provisions for compensation, health insurance, pension, or
9 other employment benefits for the provision of services
10 within the scope of the licensee's practice under this
11 Act. Nothing in this item 9 shall be construed to require
12 an employment arrangement to receive professional fees for
13 services rendered.

14 10. A finding by the Department that the licensee,
15 after having his license placed on probationary status,
16 has violated the terms of probation.

17 11. Selling or engaging in the sale of drug samples
18 provided at no cost by drug manufacturers.

19 12. Physical illness, including, but not limited to,
20 deterioration through the aging process, or loss of motor
21 skill which results in the inability to practice the
22 profession with reasonable judgment, skill, or safety.

23 13. A finding that licensure or registration has been
24 applied for or obtained by fraudulent means.

25 14. Conviction by plea of guilty or nolo contendere,
26 finding of guilt, jury verdict, or entry of judgment or

1 sentencing, including, but not limited to, convictions,
2 preceding sentences of supervision, conditional discharge,
3 or first offender probation, under the laws of any
4 jurisdiction of the United States that is (i) a felony or
5 (ii) a misdemeanor, an essential element of which is
6 dishonesty, or that is directly related to the practice of
7 pharmacy or involves controlled substances.

8 15. Habitual or excessive use or addiction to alcohol,
9 narcotics, stimulants, or any other chemical agent or drug
10 which results in the inability to practice with reasonable
11 judgment, skill, or safety.

12 16. Willfully making or filing false records or
13 reports in the practice of pharmacy, including, but not
14 limited to, false records to support claims against the
15 medical assistance program of the Department of Healthcare
16 and Family Services (formerly Department of Public Aid)
17 under the Public Aid Code.

18 17. Gross and willful overcharging for professional
19 services including filing false statements for collection
20 of fees for which services are not rendered, including,
21 but not limited to, filing false statements for collection
22 of monies for services not rendered from the medical
23 assistance program of the Department of Healthcare and
24 Family Services (formerly Department of Public Aid) under
25 the Public Aid Code.

26 18. Dispensing prescription drugs without receiving a

1 written or oral prescription in violation of law.

2 19. Upon a finding of a substantial discrepancy in a
3 Department audit of a prescription drug, including
4 controlled substances, as that term is defined in this Act
5 or in the Illinois Controlled Substances Act.

6 20. Physical or mental illness or any other impairment
7 or disability, including, without limitation: (A)
8 deterioration through the aging process or loss of motor
9 skills that results in the inability to practice with
10 reasonable judgment, skill, or safety; or (B) mental
11 incompetence, as declared by a court of competent
12 jurisdiction.

13 21. Violation of the Health Care Worker Self-Referral
14 Act.

15 22. Failing to sell or dispense any drug, medicine, or
16 poison in good faith. "Good faith", for the purposes of
17 this Section, has the meaning ascribed to it in subsection
18 (u) of Section 102 of the Illinois Controlled Substances
19 Act. "Good faith", as used in this item (22), shall not be
20 limited to the sale or dispensing of controlled
21 substances, but shall apply to all prescription drugs.

22 23. Interfering with the professional judgment of a
23 pharmacist by any licensee under this Act, or the
24 licensee's agents or employees.

25 24. Failing to report within 60 days to the Department
26 any adverse final action taken against a pharmacy,

1 pharmacist, registered pharmacy technician, or registered
2 certified pharmacy technician by another licensing
3 jurisdiction in any other state or any territory of the
4 United States or any foreign jurisdiction, any
5 governmental agency, any law enforcement agency, or any
6 court for acts or conduct similar to acts or conduct that
7 would constitute grounds for discipline as defined in this
8 Section.

9 25. Failing to comply with a subpoena issued in
10 accordance with Section 35.5 of this Act.

11 26. Disclosing protected health information in
12 violation of any State or federal law.

13 27. Willfully failing to report an instance of
14 suspected abuse, neglect, financial exploitation, or
15 self-neglect of an eligible adult as defined in and
16 required by the Adult Protective Services Act.

17 28. Being named as an abuser in a verified report by
18 the Department on Aging under the Adult Protective
19 Services Act, and upon proof by clear and convincing
20 evidence that the licensee abused, neglected, or
21 financially exploited an eligible adult as defined in the
22 Adult Protective Services Act.

23 29. Using advertisements or making solicitations that
24 may jeopardize the health, safety, or welfare of patients,
25 including, but not limited to, the use of advertisements
26 or solicitations that:

1 (A) are false, fraudulent, deceptive, or
2 misleading; or

3 (B) include any claim regarding a professional
4 service or product or the cost or price thereof that
5 cannot be substantiated by the licensee.

6 30. Requiring a pharmacist to participate in the use
7 or distribution of advertisements or in making
8 solicitations that may jeopardize the health, safety, or
9 welfare of patients.

10 31. Failing to provide a working environment for all
11 pharmacy personnel that protects the health, safety, and
12 welfare of a patient, which includes, but is not limited
13 to, failing to:

14 (A) employ sufficient personnel to prevent
15 fatigue, distraction, or other conditions that
16 interfere with a pharmacist's ability to practice with
17 competency and safety or creates an environment that
18 jeopardizes patient care;

19 (B) provide appropriate opportunities for
20 uninterrupted rest periods and meal breaks;

21 (C) provide adequate time for a pharmacist to
22 complete professional duties and responsibilities,
23 including, but not limited to:

24 (i) drug utilization review;

25 (ii) immunization;

26 (iii) counseling;

1 (iv) verification of the accuracy of a
2 prescription; and

3 (v) all other duties and responsibilities of a
4 pharmacist as listed in the rules of the
5 Department.

6 32. Introducing or enforcing external factors, such as
7 productivity or production quotas or other programs
8 against pharmacists, student pharmacists or pharmacy
9 technicians, to the extent that they interfere with the
10 ability of those individuals to provide appropriate
11 professional services to the public.

12 33. Providing an incentive for or inducing the
13 transfer of a prescription for a patient absent a
14 professional rationale.

15 (b) The Department may refuse to issue or may suspend the
16 license of any person who fails to file a return, or to pay the
17 tax, penalty, or interest shown in a filed return, or to pay any
18 final assessment of tax, penalty, or interest, as required by
19 any tax Act administered by the Illinois Department of
20 Revenue, until such time as the requirements of any such tax
21 Act are satisfied.

22 (c) The Department shall revoke any license issued under
23 the provisions of this Act or any prior Act of this State of
24 any person who has been convicted a second time of committing
25 any felony under the Illinois Controlled Substances Act, or
26 who has been convicted a second time of committing a Class 1

1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid
2 Code. A person whose license issued under the provisions of
3 this Act or any prior Act of this State is revoked under this
4 subsection (c) shall be prohibited from engaging in the
5 practice of pharmacy in this State.

6 ~~(c 5) The Department shall not revoke, suspend, summarily~~
7 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
8 ~~renew, or take any other disciplinary or non disciplinary~~
9 ~~action against the license or permit issued under this Act to~~
10 ~~practice as a pharmacist, registered pharmacy technician, or~~
11 ~~registered certified pharmacy technician based solely upon the~~
12 ~~pharmacist, registered pharmacy technician, or registered~~
13 ~~certified pharmacy technician providing, authorizing,~~
14 ~~recommending, aiding, assisting, referring for, or otherwise~~
15 ~~participating in any health care service, so long as the care~~
16 ~~was not unlawful under the laws of this State, regardless of~~
17 ~~whether the patient was a resident of this State or another~~
18 ~~state.~~

19 ~~(c 10) The Department shall not revoke, suspend, summarily~~
20 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
21 ~~renew, or take any other disciplinary or non disciplinary~~
22 ~~action against the license or permit issued under this Act to~~
23 ~~practice as a pharmacist, registered pharmacy technician, or~~
24 ~~registered certified pharmacy technician based upon the~~
25 ~~pharmacist's, registered pharmacy technician's, or registered~~
26 ~~certified pharmacy technician's license being revoked or~~

1 ~~suspended, or the pharmacist being otherwise disciplined by~~
2 ~~any other state, if that revocation, suspension, or other form~~
3 ~~of discipline was based solely on the pharmacist, registered~~
4 ~~pharmacy technician, or registered certified pharmacy~~
5 ~~technician violating another state's laws prohibiting the~~
6 ~~provision of, authorization of, recommendation of, aiding or~~
7 ~~assisting in, referring for, or participation in any health~~
8 ~~care service if that health care service as provided would not~~
9 ~~have been unlawful under the laws of this State and is~~
10 ~~consistent with the standards of conduct for a pharmacist,~~
11 ~~registered pharmacy technician, or registered certified~~
12 ~~pharmacy technician practicing in Illinois.~~

13 ~~(c-15) The conduct specified in subsections (c-5) and~~
14 ~~(c-10) shall not constitute grounds for suspension under~~
15 ~~Section 35.16.~~

16 ~~(c-20) An applicant seeking licensure, certification, or~~
17 ~~authorization pursuant to this Act who has been subject to~~
18 ~~disciplinary action by a duly authorized professional~~
19 ~~disciplinary agency of another jurisdiction solely on the~~
20 ~~basis of having provided, authorized, recommended, aided,~~
21 ~~assisted, referred for, or otherwise participated in health~~
22 ~~care shall not be denied such licensure, certification, or~~
23 ~~authorization, unless the Department determines that such~~
24 ~~action would have constituted professional misconduct in this~~
25 ~~State; however, nothing in this Section shall be construed as~~
26 ~~prohibiting the Department from evaluating the conduct of such~~

1 ~~applicant and making a determination regarding the licensure,~~
2 ~~certification, or authorization to practice a profession under~~
3 ~~this Act.~~

4 (d) Fines may be imposed in conjunction with other forms
5 of disciplinary action, but shall not be the exclusive
6 disposition of any disciplinary action arising out of conduct
7 resulting in death or injury to a patient. Fines shall be paid
8 within 60 days or as otherwise agreed to by the Department. Any
9 funds collected from such fines shall be deposited in the
10 Illinois State Pharmacy Disciplinary Fund.

11 (e) The entry of an order or judgment by any circuit court
12 establishing that any person holding a license or certificate
13 under this Act is a person in need of mental treatment operates
14 as a suspension of that license. A licensee may resume his or
15 her practice only upon the entry of an order of the Department
16 based upon a finding by the Board that he or she has been
17 determined to be recovered from mental illness by the court
18 and upon the Board's recommendation that the licensee be
19 permitted to resume his or her practice.

20 (f) The Department shall issue quarterly to the Board a
21 status of all complaints related to the profession received by
22 the Department.

23 (g) In enforcing this Section, the Board or the
24 Department, upon a showing of a possible violation, may compel
25 any licensee or applicant for licensure under this Act to
26 submit to a mental or physical examination or both, as

1 required by and at the expense of the Department. The
2 examining physician, or multidisciplinary team involved in
3 providing physical and mental examinations led by a physician
4 consisting of one or a combination of licensed physicians,
5 licensed clinical psychologists, licensed clinical social
6 workers, licensed clinical professional counselors, and other
7 professional and administrative staff, shall be those
8 specifically designated by the Department. The Board or the
9 Department may order the examining physician or any member of
10 the multidisciplinary team to present testimony concerning
11 this mental or physical examination of the licensee or
12 applicant. No information, report, or other documents in any
13 way related to the examination shall be excluded by reason of
14 any common law or statutory privilege relating to
15 communication between the licensee or applicant and the
16 examining physician or any member of the multidisciplinary
17 team. The individual to be examined may have, at his or her own
18 expense, another physician of his or her choice present during
19 all aspects of the examination. Failure of any individual to
20 submit to a mental or physical examination when directed shall
21 result in the automatic suspension of his or her license until
22 such time as the individual submits to the examination. If the
23 Board or Department finds a pharmacist, registered certified
24 pharmacy technician, or registered pharmacy technician unable
25 to practice because of the reasons set forth in this Section,
26 the Board or Department shall require such pharmacist,

1 registered certified pharmacy technician, or registered
2 pharmacy technician to submit to care, counseling, or
3 treatment by physicians or other appropriate health care
4 providers approved or designated by the Department as a
5 condition for continued, restored, or renewed licensure to
6 practice. Any pharmacist, registered certified pharmacy
7 technician, or registered pharmacy technician whose license
8 was granted, continued, restored, renewed, disciplined, or
9 supervised, subject to such terms, conditions, or
10 restrictions, and who fails to comply with such terms,
11 conditions, or restrictions or to complete a required program
12 of care, counseling, or treatment, as determined by the chief
13 pharmacy coordinator, shall be referred to the Secretary for a
14 determination as to whether the licensee shall have his or her
15 license suspended immediately, pending a hearing by the Board.
16 In instances in which the Secretary immediately suspends a
17 license under this subsection (g), a hearing upon such
18 person's license must be convened by the Board within 15 days
19 after such suspension and completed without appreciable delay.
20 The Department and Board shall have the authority to review
21 the subject pharmacist's, registered certified pharmacy
22 technician's, or registered pharmacy technician's record of
23 treatment and counseling regarding the impairment.

24 (h) An individual or organization acting in good faith,
25 and not in a willful and wanton manner, in complying with this
26 Section by providing a report or other information to the

1 Board, by assisting in the investigation or preparation of a
2 report or information, by participating in proceedings of the
3 Board, or by serving as a member of the Board shall not, as a
4 result of such actions, be subject to criminal prosecution or
5 civil damages. Any person who reports a violation of this
6 Section to the Department is protected under subsection (b) of
7 Section 15 of the Whistleblower Act.

8 (i) Members of the Board shall have no liability in any
9 action based upon any disciplinary proceedings or other
10 activity performed in good faith as a member of the Board. The
11 Attorney General shall defend all such actions unless he or
12 she determines either that there would be a conflict of
13 interest in such representation or that the actions complained
14 of were not in good faith or were willful and wanton.

15 If the Attorney General declines representation, the
16 member shall have the right to employ counsel of his or her
17 choice, whose fees shall be provided by the State, after
18 approval by the Attorney General, unless there is a
19 determination by a court that the member's actions were not in
20 good faith or were willful and wanton.

21 The member must notify the Attorney General within 7 days
22 of receipt of notice of the initiation of any action involving
23 services of the Board. Failure to so notify the Attorney
24 General shall constitute an absolute waiver of the right to a
25 defense and indemnification.

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 ~~(j) The Department may adopt rules to implement the~~
4 ~~changes made by this amendatory Act of the 102nd General~~
5 ~~Assembly.~~

6 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;
7 102-1117, eff. 1-13-23.)

8 (225 ILCS 85/30.1)

9 (Section scheduled to be repealed on January 1, 2028)

10 Sec. 30.1. Reporting.

11 (a) When a pharmacist, registered certified pharmacy
12 technician, or a registered pharmacy technician licensed by
13 the Department is terminated for actions which may have
14 threatened patient safety, the pharmacy or
15 pharmacist-in-charge, pursuant to the policies and procedures
16 of the pharmacy at which he or she is employed, shall report
17 the termination to the chief pharmacy coordinator. Such
18 reports shall be strictly confidential and may be reviewed and
19 considered only by the members of the Board or by authorized
20 Department staff. Such reports, and any records associated
21 with such reports, are exempt from public disclosure and the
22 Freedom of Information Act. Although the reports are exempt
23 from disclosure, any formal complaint filed against a licensee
24 or registrant by the Department or any order issued by the
25 Department against a licensee, registrant, or applicant shall

1 be a public record, except as otherwise prohibited by law. A
2 ~~pharmacy shall not take any adverse action, including, but not~~
3 ~~limited to, disciplining or terminating a pharmacist,~~
4 ~~registered certified pharmacy technician, or registered~~
5 ~~pharmacy technician, as a result of an adverse action against~~
6 ~~the person's license or clinical privileges or other~~
7 ~~disciplinary action by another state or health care~~
8 ~~institution that resulted from the pharmacist's, registered~~
9 ~~certified pharmacy technician's, or registered pharmacy~~
10 ~~technician's provision of, authorization of, recommendation~~
11 ~~of, aiding or assistance with, referral for, or participation~~
12 ~~in any health care service, if the adverse action was based~~
13 ~~solely on a violation of the other state's law prohibiting the~~
14 ~~provision such health care and related services in the state~~
15 ~~or for a resident of the state.~~

16 (b) The report shall be submitted to the chief pharmacy
17 coordinator in a timely fashion. Unless otherwise provided in
18 this Section, the reports shall be filed in writing, on forms
19 provided by the Department, within 60 days after a pharmacy's
20 determination that a report is required under this Act. All
21 reports shall contain only the following information:

22 (1) The name, address, and telephone number of the
23 person making the report.

24 (2) The name, license number, and last known address
25 and telephone number of the person who is the subject of
26 the report.

1 (3) A brief description of the facts which gave rise
2 to the issuance of the report, including dates of
3 occurrence.

4 (c) The contents of any report and any records associated
5 with such report shall be strictly confidential and may only
6 be reviewed by:

7 (1) members of the Board of Pharmacy;

8 (2) the Board of Pharmacy's designated attorney;

9 (3) administrative personnel assigned to open mail
10 containing reports, to process and distribute reports to
11 authorized persons, and to communicate with senders of
12 reports;

13 (4) Department investigators and Department
14 prosecutors; or

15 (5) attorneys from the Office of the Illinois Attorney
16 General representing the Department in litigation in
17 response to specific disciplinary action the Department
18 has taken or initiated against a specific individual
19 pursuant to this Section.

20 (d) Whenever a pharmacy or pharmacist-in-charge makes a
21 report and provides any records associated with that report to
22 the Department, acts in good faith, and not in a willful and
23 wanton manner, the person or entity making the report and the
24 pharmacy or health care institution employing him or her shall
25 not, as a result of such actions, be subject to criminal
26 prosecution or civil damages.

1 ~~(e) The Department may adopt rules to implement the~~
2 ~~changes made by this amendatory Act of the 102nd General~~
3 ~~Assembly.~~

4 (Source: P.A. 102-1117, eff. 1-13-23.)

5 (225 ILCS 85/43)

6 (Section scheduled to be repealed on January 1, 2028)

7 Sec. 43. Dispensation of hormonal contraceptives.

8 (a) The dispensing of hormonal contraceptives to a patient
9 shall be pursuant to a valid prescription, ~~or pursuant to a~~
10 standing order by a physician licensed to practice medicine in
11 all its branches or, ~~a standing order by~~ the medical director
12 of a local health department, ~~or a standing order by the~~
13 ~~Department of Public Health~~ pursuant to the following:

14 (1) a pharmacist may dispense no more than a 12-month
15 supply of hormonal contraceptives to a patient;

16 (2) a pharmacist must complete an educational training
17 program accredited by the Accreditation Council for
18 Pharmacy Education and approved by the Department that is
19 related to the patient self-screening risk assessment,
20 patient assessment contraceptive counseling and education,
21 and dispensation of hormonal contraceptives;

22 (3) a pharmacist shall have the patient complete the
23 self-screening risk assessment tool; the self-screening
24 risk assessment tool is to be based on the most current
25 version of the United States Medical Eligibility Criteria

1 for Contraceptive Use published by the federal Centers for
2 Disease Control and Prevention;

3 (4) based upon the results of the self-screening risk
4 assessment and the patient assessment, the pharmacist
5 shall use his or her professional and clinical judgment as
6 to when a patient should be referred to the patient's
7 physician or another health care provider;

8 (5) a pharmacist shall provide, during the patient
9 assessment and consultation, counseling and education
10 about all methods of contraception, including methods not
11 covered under the standing order, and their proper use and
12 effectiveness;

13 (6) the patient consultation shall take place in a
14 private manner; and

15 (7) a pharmacist and pharmacy must maintain
16 appropriate records.

17 (b) The Department may adopt rules to implement this
18 Section.

19 (c) Nothing in this Section shall be interpreted to
20 require a pharmacist to dispense hormonal contraception under
21 a standing order issued by a physician licensed to practice
22 medicine in all its branches or the medical director of a local
23 health department.

24 ~~(d) Notwithstanding any other provision of the law to the~~
25 ~~contrary, a pharmacist may dispense hormonal contraceptives in~~
26 ~~conformance with standing orders issued pursuant to this~~

1 ~~Section without prior establishment of a relationship between~~
2 ~~the pharmacist and the person receiving hormonal~~
3 ~~contraception.~~

4 ~~(c) No employee of the Department of Public Health issuing~~
5 ~~a standing order pursuant to this Section shall, as a result of~~
6 ~~the employee's acts or omissions in issuing the standing order~~
7 ~~pursuant to this Section, be subject to (i) any disciplinary~~
8 ~~or other adverse action under the Medical Practice Act of~~
9 ~~1987, (ii) any civil liability, or (iii) any criminal~~
10 ~~liability.~~

11 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22;
12 102-1117, eff. 1-13-23.)

13 Section 5-110. The Physician Assistant Practice Act of
14 1987 is amended by changing Sections 7.5 and 21 as follows:

15 (225 ILCS 95/7.5)

16 (Text of Section before amendment by P.A. 103-65)

17 (Section scheduled to be repealed on January 1, 2028)

18 Sec. 7.5. Written collaborative agreements; prescriptive
19 authority.

20 (a) A written collaborative agreement is required for all
21 physician assistants to practice in the State, except as
22 provided in Section 7.7 of this Act.

23 (1) A written collaborative agreement shall describe
24 the working relationship of the physician assistant with

1 the collaborating physician and shall describe the
2 categories of care, treatment, or procedures to be
3 provided by the physician assistant. The written
4 collaborative agreement shall promote the exercise of
5 professional judgment by the physician assistant
6 commensurate with his or her education and experience. The
7 services to be provided by the physician assistant shall
8 be services that the collaborating physician is authorized
9 to and generally provides to his or her patients in the
10 normal course of his or her clinical medical practice. The
11 written collaborative agreement need not describe the
12 exact steps that a physician assistant must take with
13 respect to each specific condition, disease, or symptom
14 but must specify which authorized procedures require the
15 presence of the collaborating physician as the procedures
16 are being performed. The relationship under a written
17 collaborative agreement shall not be construed to require
18 the personal presence of a physician at the place where
19 services are rendered. Methods of communication shall be
20 available for consultation with the collaborating
21 physician in person or by telecommunications or electronic
22 communications as set forth in the written collaborative
23 agreement. For the purposes of this Act, "generally
24 provides to his or her patients in the normal course of his
25 or her clinical medical practice" means services, not
26 specific tasks or duties, the collaborating physician

1 routinely provides individually or through delegation to
2 other persons so that the physician has the experience and
3 ability to collaborate and provide consultation.

4 (2) The written collaborative agreement shall be
5 adequate if a physician does each of the following:

6 (A) Participates in the joint formulation and
7 joint approval of orders or guidelines with the
8 physician assistant and he or she periodically reviews
9 such orders and the services provided patients under
10 such orders in accordance with accepted standards of
11 medical practice and physician assistant practice.

12 (B) Provides consultation at least once a month.

13 (3) A copy of the signed, written collaborative
14 agreement must be available to the Department upon request
15 from both the physician assistant and the collaborating
16 physician.

17 (4) A physician assistant shall inform each
18 collaborating physician of all written collaborative
19 agreements he or she has signed and provide a copy of these
20 to any collaborating physician upon request.

21 (b) A collaborating physician may, but is not required to,
22 delegate prescriptive authority to a physician assistant as
23 part of a written collaborative agreement. This authority may,
24 but is not required to, include prescription of, selection of,
25 orders for, administration of, storage of, acceptance of
26 samples of, and dispensing medical devices, over-the-counter

1 ~~over the counter~~ medications, legend drugs, medical gases, and
2 controlled substances categorized as Schedule II through V
3 controlled substances, as defined in Article II of the
4 Illinois Controlled Substances Act, and other preparations,
5 including, but not limited to, botanical and herbal remedies.
6 The collaborating physician must have a valid, current
7 Illinois controlled substance license and federal registration
8 with the Drug Enforcement Administration to delegate the
9 authority to prescribe controlled substances.

10 (1) To prescribe Schedule II, III, IV, or V controlled
11 substances under this Section, a physician assistant must
12 obtain a mid-level practitioner controlled substances
13 license. Medication orders issued by a physician assistant
14 shall be reviewed periodically by the collaborating
15 physician.

16 (2) The collaborating physician shall file with the
17 Department notice of delegation of prescriptive authority
18 to a physician assistant and termination of delegation,
19 specifying the authority delegated or terminated. Upon
20 receipt of this notice delegating authority to prescribe
21 controlled substances, the physician assistant shall be
22 eligible to register for a mid-level practitioner
23 controlled substances license under Section 303.05 of the
24 Illinois Controlled Substances Act. Nothing in this Act
25 shall be construed to limit the delegation of tasks or
26 duties by the collaborating physician to a nurse or other

1 appropriately trained persons in accordance with Section
2 54.2 of the Medical Practice Act of 1987.

3 (3) In addition to the requirements of this subsection
4 (b), a collaborating physician may, but is not required
5 to, delegate authority to a physician assistant to
6 prescribe Schedule II controlled substances, if all of the
7 following conditions apply:

8 (A) Specific Schedule II controlled substances by
9 oral dosage or topical or transdermal application may
10 be delegated, provided that the delegated Schedule II
11 controlled substances are routinely prescribed by the
12 collaborating physician. This delegation must identify
13 the specific Schedule II controlled substances by
14 either brand name or generic name. Schedule II
15 controlled substances to be delivered by injection or
16 other route of administration may not be delegated.

17 (B) (Blank).

18 (C) Any prescription must be limited to no more
19 than a 30-day supply, with any continuation authorized
20 only after prior approval of the collaborating
21 physician.

22 (D) The physician assistant must discuss the
23 condition of any patients for whom a controlled
24 substance is prescribed monthly with the collaborating
25 physician.

26 (E) The physician assistant meets the education

1 requirements of Section 303.05 of the Illinois
2 Controlled Substances Act.

3 (c) Nothing in this Act shall be construed to limit the
4 delegation of tasks or duties by a physician to a licensed
5 practical nurse, a registered professional nurse, or other
6 persons. Nothing in this Act shall be construed to limit the
7 method of delegation that may be authorized by any means,
8 including, but not limited to, oral, written, electronic,
9 standing orders, protocols, guidelines, or verbal orders.
10 ~~Nothing in this Act shall be construed to authorize a~~
11 ~~physician assistant to provide health care services required~~
12 ~~by law or rule to be performed by a physician. Nothing in this~~
13 ~~Act shall be construed to authorize the delegation or~~
14 ~~performance of operative surgery. Nothing in this Section~~
15 ~~shall be construed to preclude a physician assistant from~~
16 ~~assisting in surgery.~~

17 (c-5) Nothing in this Section shall be construed to apply
18 to any medication authority, including Schedule II controlled
19 substances of a licensed physician assistant for care provided
20 in a hospital, hospital affiliate, or ambulatory surgical
21 treatment center pursuant to Section 7.7 of this Act.

22 (d) (Blank).

23 (e) Nothing in this Section shall be construed to prohibit
24 generic substitution.

25 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21;
26 revised 9-21-23.)

1 (Text of Section after amendment by P.A. 103-65)

2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 7.5. Written collaborative agreements; prescriptive
4 authority.

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6 physician assistants to practice in the State, except as
7 provided in Section 7.7 of this Act.

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9 the working relationship of the physician assistant with
10 the collaborating physician and shall describe the
11 categories of care, treatment, or procedures to be
12 provided by the physician assistant. The written
13 collaborative agreement shall promote the exercise of
14 professional judgment by the physician assistant
15 commensurate with his or her education and experience. The
16 services to be provided by the physician assistant shall
17 be services that the collaborating physician is authorized
18 to and generally provides to his or her patients in the
19 normal course of his or her clinical medical practice. The
20 written collaborative agreement need not describe the
21 exact steps that a physician assistant must take with
22 respect to each specific condition, disease, or symptom
23 but must specify which authorized procedures require the
24 presence of the collaborating physician as the procedures
25 are being performed. The relationship under a written

1 collaborative agreement shall not be construed to require
2 the personal presence of a physician at the place where
3 services are rendered. Methods of communication shall be
4 available for consultation with the collaborating
5 physician in person or by telecommunications or electronic
6 communications as set forth in the written collaborative
7 agreement. For the purposes of this Act, "generally
8 provides to his or her patients in the normal course of his
9 or her clinical medical practice" means services, not
10 specific tasks or duties, the collaborating physician
11 routinely provides individually or through delegation to
12 other persons so that the physician has the experience and
13 ability to collaborate and provide consultation.

14 (2) The written collaborative agreement shall be
15 adequate if a physician does each of the following:

16 (A) Participates in the joint formulation and
17 joint approval of orders or guidelines with the
18 physician assistant and he or she periodically reviews
19 such orders and the services provided patients under
20 such orders in accordance with accepted standards of
21 medical practice and physician assistant practice.

22 (B) Provides consultation at least once a month.

23 (3) A copy of the signed, written collaborative
24 agreement must be available to the Department upon request
25 from both the physician assistant and the collaborating
26 physician.

1 (4) A physician assistant shall inform each
2 collaborating physician of all written collaborative
3 agreements he or she has signed and provide a copy of these
4 to any collaborating physician upon request.

5 (b) A collaborating physician may, but is not required to,
6 delegate prescriptive authority to a physician assistant as
7 part of a written collaborative agreement. This authority may,
8 but is not required to, include prescription of, selection of,
9 orders for, administration of, storage of, acceptance of
10 samples of, and dispensing medical devices, over-the-counter
11 ~~over the counter~~ medications, legend drugs, medical gases, and
12 controlled substances categorized as Schedule II through V
13 controlled substances, as defined in Article II of the
14 Illinois Controlled Substances Act, and other preparations,
15 including, but not limited to, botanical and herbal remedies.
16 The collaborating physician must have a valid, current
17 Illinois controlled substance license and federal registration
18 with the Drug Enforcement Administration to delegate the
19 authority to prescribe controlled substances.

20 (1) To prescribe Schedule II, III, IV, or V controlled
21 substances under this Section, a physician assistant must
22 obtain a mid-level practitioner controlled substances
23 license. Medication orders issued by a physician assistant
24 shall be reviewed periodically by the collaborating
25 physician.

26 (2) The collaborating physician shall file with the

1 Department notice of delegation of prescriptive authority
2 to a physician assistant and termination of delegation,
3 specifying the authority delegated or terminated. Upon
4 receipt of this notice delegating authority to prescribe
5 controlled substances, the physician assistant shall be
6 eligible to register for a mid-level practitioner
7 controlled substances license under Section 303.05 of the
8 Illinois Controlled Substances Act. Nothing in this Act
9 shall be construed to limit the delegation of tasks or
10 duties by the collaborating physician to a nurse or other
11 appropriately trained persons in accordance with Section
12 54.2 of the Medical Practice Act of 1987.

13 (3) In addition to the requirements of this subsection
14 (b), a collaborating physician may, but is not required
15 to, delegate authority to a physician assistant to
16 prescribe Schedule II controlled substances, if all of the
17 following conditions apply:

18 (A) Specific Schedule II controlled substances by
19 oral dosage or topical or transdermal application may
20 be delegated, provided that the delegated Schedule II
21 controlled substances are routinely prescribed by the
22 collaborating physician. This delegation must identify
23 the specific Schedule II controlled substances by
24 either brand name or generic name. Schedule II
25 controlled substances to be delivered by injection or
26 other route of administration may not be delegated.

1 (B) (Blank).

2 (C) Any prescription must be limited to no more
3 than a 30-day supply, with any continuation authorized
4 only after prior approval of the collaborating
5 physician.

6 (D) The physician assistant must discuss the
7 condition of any patients for whom a controlled
8 substance is prescribed monthly with the collaborating
9 physician.

10 (E) The physician assistant meets the education
11 requirements of Section 303.05 of the Illinois
12 Controlled Substances Act.

13 (c) Nothing in this Act shall be construed to limit the
14 delegation of tasks or duties by a physician to a licensed
15 practical nurse, a registered professional nurse, or other
16 persons. Nothing in this Act shall be construed to limit the
17 method of delegation that may be authorized by any means,
18 including, but not limited to, oral, written, electronic,
19 standing orders, protocols, guidelines, or verbal orders.
20 ~~Nothing in this Act shall be construed to authorize a~~
21 ~~physician assistant to provide health care services required~~
22 ~~by law or rule to be performed by a physician. Nothing in this~~
23 ~~Act shall be construed to authorize the delegation or~~
24 ~~performance of operative surgery. Nothing in this Section~~
25 ~~shall be construed to preclude a physician assistant from~~
26 ~~assisting in surgery.~~

1 (c-5) Nothing in this Section shall be construed to apply
2 to any medication authority, including Schedule II controlled
3 substances of a licensed physician assistant for care provided
4 in a hospital, hospital affiliate, federally qualified health
5 center, or ambulatory surgical treatment center pursuant to
6 Section 7.7 of this Act.

7 (d) (Blank).

8 (e) Nothing in this Section shall be construed to prohibit
9 generic substitution.

10 (Source: P.A. 102-558, eff. 8-20-21; 103-65, eff. 1-1-24;
11 revised 9-21-23.)

12 (225 ILCS 95/21) (from Ch. 111, par. 4621)

13 (Section scheduled to be repealed on January 1, 2028)

14 Sec. 21. Grounds for disciplinary action.

15 (a) The Department may refuse to issue or to renew, or may
16 revoke, suspend, place on probation, reprimand, or take other
17 disciplinary or non-disciplinary action with regard to any
18 license issued under this Act as the Department may deem
19 proper, including the issuance of fines not to exceed \$10,000
20 for each violation, for any one or combination of the
21 following causes:

22 (1) Material misstatement in furnishing information to
23 the Department.

24 (2) Violations of this Act, or the rules adopted under
25 this Act.

1 (3) Conviction by plea of guilty or nolo contendere,
2 finding of guilt, jury verdict, or entry of judgment or
3 sentencing, including, but not limited to, convictions,
4 preceding sentences of supervision, conditional discharge,
5 or first offender probation, under the laws of any
6 jurisdiction of the United States that is: (i) a felony;
7 or (ii) a misdemeanor, an essential element of which is
8 dishonesty, or that is directly related to the practice of
9 the profession.

10 (4) Making any misrepresentation for the purpose of
11 obtaining licenses.

12 (5) Professional incompetence.

13 (6) Aiding or assisting another person in violating
14 any provision of this Act or its rules.

15 (7) Failing, within 60 days, to provide information in
16 response to a written request made by the Department.

17 (8) Engaging in dishonorable, unethical, or
18 unprofessional conduct, as defined by rule, of a character
19 likely to deceive, defraud, or harm the public.

20 (9) Habitual or excessive use or addiction to alcohol,
21 narcotics, stimulants, or any other chemical agent or drug
22 that results in a physician assistant's inability to
23 practice with reasonable judgment, skill, or safety.

24 (10) Discipline by another U.S. jurisdiction or
25 foreign nation, if at least one of the grounds for
26 discipline is the same or substantially equivalent to

1 those set forth in this Section.

2 (11) Directly or indirectly giving to or receiving
3 from any person, firm, corporation, partnership, or
4 association any fee, commission, rebate, or other form of
5 compensation for any professional services not actually or
6 personally rendered. Nothing in this paragraph (11)
7 affects any bona fide independent contractor or employment
8 arrangements, which may include provisions for
9 compensation, health insurance, pension, or other
10 employment benefits, with persons or entities authorized
11 under this Act for the provision of services within the
12 scope of the licensee's practice under this Act.

13 (12) A finding by the Board that the licensee, after
14 having his or her license placed on probationary status,
15 has violated the terms of probation.

16 (13) Abandonment of a patient.

17 (14) Willfully making or filing false records or
18 reports in his or her practice, including, but not limited
19 to, false records filed with State agencies or
20 departments.

21 (15) Willfully failing to report an instance of
22 suspected child abuse or neglect as required by the Abused
23 and Neglected Child Reporting Act.

24 (16) Physical illness, or mental illness or impairment
25 that results in the inability to practice the profession
26 with reasonable judgment, skill, or safety, including, but

1 not limited to, deterioration through the aging process or
2 loss of motor skill.

3 (17) Being named as a perpetrator in an indicated
4 report by the Department of Children and Family Services
5 under the Abused and Neglected Child Reporting Act, and
6 upon proof by clear and convincing evidence that the
7 licensee has caused a child to be an abused child or
8 neglected child as defined in the Abused and Neglected
9 Child Reporting Act.

10 (18) (Blank).

11 (19) Gross negligence resulting in permanent injury or
12 death of a patient.

13 (20) Employment of fraud, deception, or any unlawful
14 means in applying for or securing a license as a physician
15 assistant.

16 (21) Exceeding the authority delegated to him or her
17 by his or her collaborating physician in a written
18 collaborative agreement.

19 (22) Immoral conduct in the commission of any act,
20 such as sexual abuse, sexual misconduct, or sexual
21 exploitation related to the licensee's practice.

22 (23) Violation of the Health Care Worker Self-Referral
23 Act.

24 (24) Practicing under a false or assumed name, except
25 as provided by law.

26 (25) Making a false or misleading statement regarding

1 his or her skill or the efficacy or value of the medicine,
2 treatment, or remedy prescribed by him or her in the
3 course of treatment.

4 (26) Allowing another person to use his or her license
5 to practice.

6 (27) Prescribing, selling, administering,
7 distributing, giving, or self-administering a drug
8 classified as a controlled substance for other than
9 medically accepted therapeutic purposes.

10 (28) Promotion of the sale of drugs, devices,
11 appliances, or goods provided for a patient in a manner to
12 exploit the patient for financial gain.

13 (29) A pattern of practice or other behavior that
14 demonstrates incapacity or incompetence to practice under
15 this Act.

16 (30) Violating State or federal laws or regulations
17 relating to controlled substances or other legend drugs or
18 ephedra as defined in the Ephedra Prohibition Act.

19 (31) Exceeding the prescriptive authority delegated by
20 the collaborating physician or violating the written
21 collaborative agreement delegating that authority.

22 (32) Practicing without providing to the Department a
23 notice of collaboration or delegation of prescriptive
24 authority.

25 (33) Failure to establish and maintain records of
26 patient care and treatment as required by law.

1 (34) Attempting to subvert or cheat on the examination
2 of the National Commission on Certification of Physician
3 Assistants or its successor agency.

4 (35) Willfully or negligently violating the
5 confidentiality between physician assistant and patient,
6 except as required by law.

7 (36) Willfully failing to report an instance of
8 suspected abuse, neglect, financial exploitation, or
9 self-neglect of an eligible adult as defined in and
10 required by the Adult Protective Services Act.

11 (37) Being named as an abuser in a verified report by
12 the Department on Aging under the Adult Protective
13 Services Act and upon proof by clear and convincing
14 evidence that the licensee abused, neglected, or
15 financially exploited an eligible adult as defined in the
16 Adult Protective Services Act.

17 (38) Failure to report to the Department an adverse
18 final action taken against him or her by another licensing
19 jurisdiction of the United States or a foreign state or
20 country, a peer review body, a health care institution, a
21 professional society or association, a governmental
22 agency, a law enforcement agency, or a court acts or
23 conduct similar to acts or conduct that would constitute
24 grounds for action under this Section.

25 (39) Failure to provide copies of records of patient
26 care or treatment, except as required by law.

1 (40) Entering into an excessive number of written
2 collaborative agreements with licensed physicians
3 resulting in an inability to adequately collaborate.

4 (41) Repeated failure to adequately collaborate with a
5 collaborating physician.

6 (42) Violating the Compassionate Use of Medical
7 Cannabis Program Act.

8 (b) The Department may, without a hearing, refuse to issue
9 or renew or may suspend the license of any person who fails to
10 file a return, or to pay the tax, penalty, or interest shown in
11 a filed return, or to pay any final assessment of the tax,
12 penalty, or interest as required by any tax Act administered
13 by the Illinois Department of Revenue, until such time as the
14 requirements of any such tax Act are satisfied.

15 ~~(b-5) The Department shall not revoke, suspend, summarily~~
16 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
17 ~~renew, or take any other disciplinary or non disciplinary~~
18 ~~action against the license or permit issued under this Act to~~
19 ~~practice as a physician assistant based solely upon the~~
20 ~~physician assistant providing, authorizing, recommending,~~
21 ~~aiding, assisting, referring for, or otherwise participating~~
22 ~~in any health care service, so long as the care was not~~
23 ~~unlawful under the laws of this State, regardless of whether~~
24 ~~the patient was a resident of this State or another state.~~

25 ~~(b-10) The Department shall not revoke, suspend, summarily~~
26 ~~suspend, place on prohibition, reprimand, refuse to issue or~~

1 ~~renew, or take any other disciplinary or non-disciplinary~~
2 ~~action against the license or permit issued under this Act to~~
3 ~~practice as a physician assistant based upon the physician~~
4 ~~assistant's license being revoked or suspended, or the~~
5 ~~physician assistant being otherwise disciplined by any other~~
6 ~~state, if that revocation, suspension, or other form of~~
7 ~~discipline was based solely on the physician assistant~~
8 ~~violating another state's laws prohibiting the provision of,~~
9 ~~authorization of, recommendation of, aiding or assisting in,~~
10 ~~referring for, or participation in any health care service if~~
11 ~~that health care service as provided would not have been~~
12 ~~unlawful under the laws of this State and is consistent with~~
13 ~~the standards of conduct for a physician assistant practicing~~
14 ~~in Illinois.~~

15 ~~(b 15) The conduct specified in subsections (b 5) and~~
16 ~~(b 10) shall not constitute grounds for suspension under~~
17 ~~Section 22.13.~~

18 ~~(b 20) An applicant seeking licensure, certification, or~~
19 ~~authorization pursuant to this Act who has been subject to~~
20 ~~disciplinary action by a duly authorized professional~~
21 ~~disciplinary agency of another jurisdiction solely on the~~
22 ~~basis of having provided, authorized, recommended, aided,~~
23 ~~assisted, referred for, or otherwise participated in health~~
24 ~~care shall not be denied such licensure, certification, or~~
25 ~~authorization, unless the Department determines that such~~
26 ~~action would have constituted professional misconduct in this~~

1 ~~State; however, nothing in this Section shall be construed as~~
2 ~~prohibiting the Department from evaluating the conduct of such~~
3 ~~applicant and making a determination regarding the licensure,~~
4 ~~certification, or authorization to practice a profession under~~
5 ~~this Act.~~

6 (c) The determination by a circuit court that a licensee
7 is subject to involuntary admission or judicial admission as
8 provided in the Mental Health and Developmental Disabilities
9 Code operates as an automatic suspension. The suspension will
10 end only upon a finding by a court that the patient is no
11 longer subject to involuntary admission or judicial admission
12 and issues an order so finding and discharging the patient,
13 and upon the recommendation of the Board to the Secretary that
14 the licensee be allowed to resume his or her practice.

15 (d) In enforcing this Section, the Department upon a
16 showing of a possible violation may compel an individual
17 licensed to practice under this Act, or who has applied for
18 licensure under this Act, to submit to a mental or physical
19 examination, or both, which may include a substance abuse or
20 sexual offender evaluation, as required by and at the expense
21 of the Department.

22 The Department shall specifically designate the examining
23 physician licensed to practice medicine in all of its branches
24 or, if applicable, the multidisciplinary team involved in
25 providing the mental or physical examination or both. The
26 multidisciplinary team shall be led by a physician licensed to

1 practice medicine in all of its branches and may consist of one
2 or more or a combination of physicians licensed to practice
3 medicine in all of its branches, licensed clinical
4 psychologists, licensed clinical social workers, licensed
5 clinical professional counselors, and other professional and
6 administrative staff. Any examining physician or member of the
7 multidisciplinary team may require any person ordered to
8 submit to an examination pursuant to this Section to submit to
9 any additional supplemental testing deemed necessary to
10 complete any examination or evaluation process, including, but
11 not limited to, blood testing, urinalysis, psychological
12 testing, or neuropsychological testing.

13 The Department may order the examining physician or any
14 member of the multidisciplinary team to provide to the
15 Department any and all records, including business records,
16 that relate to the examination and evaluation, including any
17 supplemental testing performed.

18 The Department may order the examining physician or any
19 member of the multidisciplinary team to present testimony
20 concerning the mental or physical examination of the licensee
21 or applicant. No information, report, record, or other
22 documents in any way related to the examination shall be
23 excluded by reason of any common law or statutory privilege
24 relating to communications between the licensee or applicant
25 and the examining physician or any member of the
26 multidisciplinary team. No authorization is necessary from the

1 licensee or applicant ordered to undergo an examination for
2 the examining physician or any member of the multidisciplinary
3 team to provide information, reports, records, or other
4 documents or to provide any testimony regarding the
5 examination and evaluation.

6 The individual to be examined may have, at his or her own
7 expense, another physician of his or her choice present during
8 all aspects of this examination. However, that physician shall
9 be present only to observe and may not interfere in any way
10 with the examination.

11 Failure of an individual to submit to a mental or physical
12 examination, when ordered, shall result in an automatic
13 suspension of his or her license until the individual submits
14 to the examination.

15 If the Department finds an individual unable to practice
16 because of the reasons set forth in this Section, the
17 Department may require that individual to submit to care,
18 counseling, or treatment by physicians approved or designated
19 by the Department, as a condition, term, or restriction for
20 continued, reinstated, or renewed licensure to practice; or,
21 in lieu of care, counseling, or treatment, the Department may
22 file a complaint to immediately suspend, revoke, or otherwise
23 discipline the license of the individual. An individual whose
24 license was granted, continued, reinstated, renewed,
25 disciplined, or supervised subject to such terms, conditions,
26 or restrictions, and who fails to comply with such terms,

1 conditions, or restrictions, shall be referred to the
2 Secretary for a determination as to whether the individual
3 shall have his or her license suspended immediately, pending a
4 hearing by the Department.

5 In instances in which the Secretary immediately suspends a
6 person's license under this Section, a hearing on that
7 person's license must be convened by the Department within 30
8 days after the suspension and completed without appreciable
9 delay. The Department shall have the authority to review the
10 subject individual's record of treatment and counseling
11 regarding the impairment to the extent permitted by applicable
12 federal statutes and regulations safeguarding the
13 confidentiality of medical records.

14 An individual licensed under this Act and affected under
15 this Section shall be afforded an opportunity to demonstrate
16 to the Department that he or she can resume practice in
17 compliance with acceptable and prevailing standards under the
18 provisions of his or her license.

19 (e) An individual or organization acting in good faith,
20 and not in a willful and wanton manner, in complying with this
21 Section by providing a report or other information to the
22 Board, by assisting in the investigation or preparation of a
23 report or information, by participating in proceedings of the
24 Board, or by serving as a member of the Board, shall not be
25 subject to criminal prosecution or civil damages as a result
26 of such actions.

1 (f) Members of the Board shall be indemnified by the State
2 for any actions occurring within the scope of services on the
3 Board, done in good faith and not willful and wanton in nature.
4 The Attorney General shall defend all such actions unless he
5 or she determines either that there would be a conflict of
6 interest in such representation or that the actions complained
7 of were not in good faith or were willful and wanton.

8 If the Attorney General declines representation, the
9 member has the right to employ counsel of his or her choice,
10 whose fees shall be provided by the State, after approval by
11 the Attorney General, unless there is a determination by a
12 court that the member's actions were not in good faith or were
13 willful and wanton.

14 The member must notify the Attorney General within 7 days
15 after receipt of notice of the initiation of any action
16 involving services of the Board. Failure to so notify the
17 Attorney General constitutes an absolute waiver of the right
18 to a defense and indemnification.

19 The Attorney General shall determine, within 7 days after
20 receiving such notice, whether he or she will undertake to
21 represent the member.

22 ~~(g) The Department may adopt rules to implement the~~
23 ~~changes made by this amendatory Act of the 102nd General~~
24 ~~Assembly.~~

25 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;
26 102-1117, eff. 1-13-23.)

1 Section 5-115. The Professional Counselor and Clinical
2 Professional Counselor Licensing and Practice Act is amended
3 by changing Section 80 as follows:

4 (225 ILCS 107/80)

5 (Section scheduled to be repealed on January 1, 2028)

6 Sec. 80. Grounds for discipline.

7 (a) The Department may refuse to issue, renew, or may
8 revoke, suspend, place on probation, reprimand, or take other
9 disciplinary or non-disciplinary action as the Department
10 deems appropriate, including the issuance of fines not to
11 exceed \$10,000 for each violation, with regard to any license
12 for any one or more of the following:

13 (1) Material misstatement in furnishing information to
14 the Department or to any other State agency.

15 (2) Violations or negligent or intentional disregard
16 of this Act or rules adopted under this Act.

17 (3) Conviction by plea of guilty or nolo contendere,
18 finding of guilt, jury verdict, or entry of judgment or by
19 sentencing of any crime, including, but not limited to,
20 convictions, preceding sentences of supervision,
21 conditional discharge, or first offender probation, under
22 the laws of any jurisdiction of the United States: (i)
23 that is a felony or (ii) that is a misdemeanor, an
24 essential element of which is dishonesty, or that is

1 directly related to the practice of the profession.

2 (4) Fraud or any misrepresentation in applying for or
3 procuring a license under this Act or in connection with
4 applying for renewal of a license under this Act.

5 (5) Professional incompetence or gross negligence in
6 the rendering of professional counseling or clinical
7 professional counseling services.

8 (6) Malpractice.

9 (7) Aiding or assisting another person in violating
10 any provision of this Act or any rules.

11 (8) Failing to provide information within 60 days in
12 response to a written request made by the Department.

13 (9) Engaging in dishonorable, unethical, or
14 unprofessional conduct of a character likely to deceive,
15 defraud, or harm the public and violating the rules of
16 professional conduct adopted by the Department.

17 (10) Habitual or excessive use or abuse of drugs as
18 defined in law as controlled substances, alcohol, or any
19 other substance which results in inability to practice
20 with reasonable skill, judgment, or safety.

21 (11) Discipline by another jurisdiction, the District
22 of Columbia, territory, county, or governmental agency, if
23 at least one of the grounds for the discipline is the same
24 or substantially equivalent to those set forth in this
25 Section.

26 (12) Directly or indirectly giving to or receiving

1 from any person, firm, corporation, partnership, or
2 association any fee, commission, rebate, or other form of
3 compensation for any professional service not actually
4 rendered. Nothing in this paragraph (12) affects any bona
5 fide independent contractor or employment arrangements
6 among health care professionals, health facilities, health
7 care providers, or other entities, except as otherwise
8 prohibited by law. Any employment arrangements may include
9 provisions for compensation, health insurance, pension, or
10 other employment benefits for the provision of services
11 within the scope of the licensee's practice under this
12 Act. Nothing in this paragraph (12) shall be construed to
13 require an employment arrangement to receive professional
14 fees for services rendered.

15 (13) A finding by the Board that the licensee, after
16 having the license placed on probationary status, has
17 violated the terms of probation.

18 (14) Abandonment of a client.

19 (15) Willfully filing false reports relating to a
20 licensee's practice, including, but not limited to, false
21 records filed with federal or State agencies or
22 departments.

23 (16) Willfully failing to report an instance of
24 suspected child abuse or neglect as required by the Abused
25 and Neglected Child Reporting Act and in matters
26 pertaining to suspected abuse, neglect, financial

1 exploitation, or self-neglect of adults with disabilities
2 and older adults as set forth in the Adult Protective
3 Services Act.

4 (17) Being named as a perpetrator in an indicated
5 report by the Department of Children and Family Services
6 pursuant to the Abused and Neglected Child Reporting Act,
7 and upon proof by clear and convincing evidence that the
8 licensee has caused a child to be an abused child or
9 neglected child as defined in the Abused and Neglected
10 Child Reporting Act.

11 (18) Physical or mental illness or disability,
12 including, but not limited to, deterioration through the
13 aging process or loss of abilities and skills which
14 results in the inability to practice the profession with
15 reasonable judgment, skill, or safety.

16 (19) Solicitation of professional services by using
17 false or misleading advertising.

18 (20) Allowing one's license under this Act to be used
19 by an unlicensed person in violation of this Act.

20 (21) A finding that licensure has been applied for or
21 obtained by fraudulent means.

22 (22) Practicing under a false or, except as provided
23 by law, an assumed name.

24 (23) Gross and willful overcharging for professional
25 services including filing statements for collection of
26 fees or monies for which services are not rendered.

1 (24) Rendering professional counseling or clinical
2 professional counseling services without a license or
3 practicing outside the scope of a license.

4 (25) Clinical supervisors failing to adequately and
5 responsibly monitor supervisees.

6 All fines imposed under this Section shall be paid within
7 60 days after the effective date of the order imposing the
8 fine.

9 (b) (Blank).

10 (b-5) The Department may refuse to issue or may suspend
11 without hearing, as provided for in the Code of Civil
12 Procedure, the license of any person who fails to file a
13 return, pay the tax, penalty, or interest shown in a filed
14 return, or pay any final assessment of the tax, penalty, or
15 interest as required by any tax Act administered by the
16 Illinois Department of Revenue, until such time as the
17 requirements of any such tax Act are satisfied in accordance
18 with subsection (g) of Section 2105-15 of the Department of
19 Professional Regulation Law of the Civil Administrative Code
20 of Illinois.

21 (b-10) In cases where the Department of Healthcare and
22 Family Services has previously determined a licensee or a
23 potential licensee is more than 30 days delinquent in the
24 payment of child support and has subsequently certified the
25 delinquency to the Department, the Department may refuse to
26 issue or renew or may revoke or suspend that person's license

1 or may take other disciplinary action against that person
2 based solely upon the certification of delinquency made by the
3 Department of Healthcare and Family Services in accordance
4 with item (5) of subsection (a) of Section 2105-15 of the
5 Department of Professional Regulation Law of the Civil
6 Administrative Code of Illinois.

7 (c) The determination by a court that a licensee is
8 subject to involuntary admission or judicial admission as
9 provided in the Mental Health and Developmental Disabilities
10 Code will result in an automatic suspension of his or her
11 license. The suspension will end upon a finding by a court that
12 the licensee is no longer subject to involuntary admission or
13 judicial admission, the issuance of an order so finding and
14 discharging the patient, and the recommendation of the Board
15 to the Secretary that the licensee be allowed to resume
16 professional practice.

17 ~~(c-1) The Department shall not revoke, suspend, summarily~~
18 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
19 ~~renew, or take any other disciplinary or non disciplinary~~
20 ~~action against the license or permit issued under this Act to~~
21 ~~practice as a professional counselor or clinical professional~~
22 ~~counselor based solely upon the professional counselor or~~
23 ~~clinical professional counselor authorizing, recommending,~~
24 ~~aiding, assisting, referring for, or otherwise participating~~
25 ~~in any health care service, so long as the care was not~~
26 ~~unlawful under the laws of this State, regardless of whether~~

1 ~~the patient was a resident of this State or another state.~~

2 ~~(c-2) The Department shall not revoke, suspend, summarily~~
3 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
4 ~~renew, or take any other disciplinary or non-disciplinary~~
5 ~~action against the license or permit issued under this Act to~~
6 ~~practice as a professional counselor or clinical professional~~
7 ~~counselor based upon the professional counselor's or clinical~~
8 ~~professional counselor's license being revoked or suspended,~~
9 ~~or the professional counselor or clinical professional~~
10 ~~counselor being otherwise disciplined by any other state, if~~
11 ~~that revocation, suspension, or other form of discipline was~~
12 ~~based solely on the professional counselor or clinical~~
13 ~~professional counselor violating another state's laws~~
14 ~~prohibiting the provision of, authorization of, recommendation~~
15 ~~of, aiding or assisting in, referring for, or participation in~~
16 ~~any health care service if that health care service as~~
17 ~~provided would not have been unlawful under the laws of this~~
18 ~~State and is consistent with the standards of conduct for a~~
19 ~~professional counselor or clinical professional counselor~~
20 ~~practicing in Illinois.~~

21 ~~(c-3) The conduct specified in subsections (c-1) and (c-2)~~
22 ~~shall not constitute grounds for suspension under Section 145.~~

23 ~~(c-4) An applicant seeking licensure, certification, or~~
24 ~~authorization pursuant to this Act who has been subject to~~
25 ~~disciplinary action by a duly authorized professional~~
26 ~~disciplinary agency of another jurisdiction solely on the~~

1 ~~basis of having authorized, recommended, aided, assisted,~~
2 ~~referred for, or otherwise participated in health care shall~~
3 ~~not be denied such licensure, certification, or authorization,~~
4 ~~unless the Department determines that such action would have~~
5 ~~constituted professional misconduct in this State; however,~~
6 ~~nothing in this Section shall be construed as prohibiting the~~
7 ~~Department from evaluating the conduct of such applicant and~~
8 ~~making a determination regarding the licensure, certification,~~
9 ~~or authorization to practice a profession under this Act.~~

10 (c-5) In enforcing this Act, the Department, upon a
11 showing of a possible violation, may compel an individual
12 licensed to practice under this Act, or who has applied for
13 licensure under this Act, to submit to a mental or physical
14 examination, or both, as required by and at the expense of the
15 Department. The Department may order the examining physician
16 to present testimony concerning the mental or physical
17 examination of the licensee or applicant. No information shall
18 be excluded by reason of any common law or statutory privilege
19 relating to communications between the licensee or applicant
20 and the examining physician. The examining physicians shall be
21 specifically designated by the Department. The individual to
22 be examined may have, at his or her own expense, another
23 physician of his or her choice present during all aspects of
24 this examination. The examination shall be performed by a
25 physician licensed to practice medicine in all its branches.
26 Failure of an individual to submit to a mental or physical

1 examination, when directed, shall result in an automatic
2 suspension without hearing.

3 All substance-related violations shall mandate an
4 automatic substance abuse assessment. Failure to submit to an
5 assessment by a licensed physician who is certified as an
6 addictionist or an advanced practice registered nurse with
7 specialty certification in addictions may be grounds for an
8 automatic suspension.

9 If the Department finds an individual unable to practice
10 or unfit for duty because of the reasons set forth in this
11 subsection (c-5), the Department may require that individual
12 to submit to a substance abuse evaluation or treatment by
13 individuals or programs approved or designated by the
14 Department, as a condition, term, or restriction for
15 continued, restored, or renewed licensure to practice; or, in
16 lieu of evaluation or treatment, the Department may file, or
17 the Board may recommend to the Department to file, a complaint
18 to immediately suspend, revoke, or otherwise discipline the
19 license of the individual. An individual whose license was
20 granted, continued, restored, renewed, disciplined, or
21 supervised subject to such terms, conditions, or restrictions,
22 and who fails to comply with such terms, conditions, or
23 restrictions, shall be referred to the Secretary for a
24 determination as to whether the individual shall have his or
25 her license suspended immediately, pending a hearing by the
26 Department.

1 A person holding a license under this Act or who has
2 applied for a license under this Act who, because of a physical
3 or mental illness or disability, including, but not limited
4 to, deterioration through the aging process or loss of motor
5 skill, is unable to practice the profession with reasonable
6 judgment, skill, or safety, may be required by the Department
7 to submit to care, counseling, or treatment by physicians
8 approved or designated by the Department as a condition, term,
9 or restriction for continued, reinstated, or renewed licensure
10 to practice. Submission to care, counseling, or treatment as
11 required by the Department shall not be considered discipline
12 of a license. If the licensee refuses to enter into a care,
13 counseling, or treatment agreement or fails to abide by the
14 terms of the agreement, the Department may file a complaint to
15 revoke, suspend, or otherwise discipline the license of the
16 individual. The Secretary may order the license suspended
17 immediately, pending a hearing by the Department. Fines shall
18 not be assessed in disciplinary actions involving physical or
19 mental illness or impairment.

20 In instances in which the Secretary immediately suspends a
21 person's license under this Section, a hearing on that
22 person's license must be convened by the Department within 15
23 days after the suspension and completed without appreciable
24 delay. The Department shall have the authority to review the
25 subject individual's record of treatment and counseling
26 regarding the impairment to the extent permitted by applicable

1 federal statutes and regulations safeguarding the
2 confidentiality of medical records.

3 An individual licensed under this Act and affected under
4 this Section shall be afforded an opportunity to demonstrate
5 to the Department that he or she can resume practice in
6 compliance with acceptable and prevailing standards under the
7 provisions of his or her license.

8 (d) (Blank).

9 ~~(e) The Department may adopt rules to implement the~~
10 ~~changes made by this amendatory Act of the 102nd General~~
11 ~~Assembly.~~

12 (Source: P.A. 102-878, eff. 1-1-23; 102-1117, eff. 1-13-23.)

13 Section 5-120. The Registered Surgical Assistant and
14 Registered Surgical Technologist Title Protection Act is
15 amended by changing Section 75 as follows:

16 (225 ILCS 130/75)

17 (Text of Section before amendment by P.A. 103-387)

18 (Section scheduled to be repealed on January 1, 2029)

19 Sec. 75. Grounds for disciplinary action.

20 (a) The Department may refuse to issue, renew, or restore
21 a registration, may revoke or suspend a registration, or may
22 place on probation, reprimand, or take other disciplinary or
23 non-disciplinary action with regard to a person registered
24 under this Act, including, but not limited to, the imposition

1 of fines not to exceed \$10,000 for each violation and the
2 assessment of costs as provided for in Section 90, for any one
3 or combination of the following causes:

4 (1) Making a material misstatement in furnishing
5 information to the Department.

6 (2) Violating a provision of this Act or rules adopted
7 under this Act.

8 (3) Conviction by plea of guilty or nolo contendere,
9 finding of guilt, jury verdict, or entry of judgment or by
10 sentencing of any crime, including, but not limited to,
11 convictions, preceding sentences of supervision,
12 conditional discharge, or first offender probation, under
13 the laws of any jurisdiction of the United States that is
14 (i) a felony or (ii) a misdemeanor, an essential element
15 of which is dishonesty, or that is directly related to the
16 practice of the profession.

17 (4) Fraud or misrepresentation in applying for,
18 renewing, restoring, reinstating, or procuring a
19 registration under this Act.

20 (5) Aiding or assisting another person in violating a
21 provision of this Act or its rules.

22 (6) Failing to provide information within 60 days in
23 response to a written request made by the Department.

24 (7) Engaging in dishonorable, unethical, or
25 unprofessional conduct of a character likely to deceive,
26 defraud, or harm the public, as defined by rule of the

1 Department.

2 (8) Discipline by another United States jurisdiction,
3 governmental agency, unit of government, or foreign
4 nation, if at least one of the grounds for discipline is
5 the same or substantially equivalent to those set forth in
6 this Section.

7 (9) Directly or indirectly giving to or receiving from
8 a person, firm, corporation, partnership, or association a
9 fee, commission, rebate, or other form of compensation for
10 professional services not actually or personally rendered.
11 Nothing in this paragraph (9) affects any bona fide
12 independent contractor or employment arrangements among
13 health care professionals, health facilities, health care
14 providers, or other entities, except as otherwise
15 prohibited by law. Any employment arrangements may include
16 provisions for compensation, health insurance, pension, or
17 other employment benefits for the provision of services
18 within the scope of the registrant's practice under this
19 Act. Nothing in this paragraph (9) shall be construed to
20 require an employment arrangement to receive professional
21 fees for services rendered.

22 (10) A finding by the Department that the registrant,
23 after having his or her registration placed on
24 probationary status, has violated the terms of probation.

25 (11) Willfully making or filing false records or
26 reports in his or her practice, including, but not limited

1 to, false records or reports filed with State agencies.

2 (12) Willfully making or signing a false statement,
3 certificate, or affidavit to induce payment.

4 (13) Willfully failing to report an instance of
5 suspected child abuse or neglect as required under the
6 Abused and Neglected Child Reporting Act.

7 (14) Being named as a perpetrator in an indicated
8 report by the Department of Children and Family Services
9 under the Abused and Neglected Child Reporting Act and
10 upon proof by clear and convincing evidence that the
11 registrant has caused a child to be an abused child or
12 neglected child as defined in the Abused and Neglected
13 Child Reporting Act.

14 (15) (Blank).

15 (16) Failure to report to the Department (A) any
16 adverse final action taken against the registrant by
17 another registering or licensing jurisdiction, government
18 agency, law enforcement agency, or any court or (B)
19 liability for conduct that would constitute grounds for
20 action as set forth in this Section.

21 (17) Habitual or excessive use or abuse of drugs
22 defined in law as controlled substances, alcohol, or any
23 other substance that results in the inability to practice
24 with reasonable judgment, skill, or safety.

25 (18) Physical or mental illness, including, but not
26 limited to, deterioration through the aging process or

1 loss of motor skills, which results in the inability to
2 practice the profession for which he or she is registered
3 with reasonable judgment, skill, or safety.

4 (19) Gross malpractice.

5 (20) Immoral conduct in the commission of an act
6 related to the registrant's practice, including, but not
7 limited to, sexual abuse, sexual misconduct, or sexual
8 exploitation.

9 (21) Violation of the Health Care Worker Self-Referral
10 Act.

11 (b) The Department may refuse to issue or may suspend
12 without hearing the registration of a person who fails to file
13 a return, to pay the tax, penalty, or interest shown in a filed
14 return, or to pay a final assessment of the tax, penalty, or
15 interest as required by a tax Act administered by the
16 Department of Revenue, until the requirements of the tax Act
17 are satisfied in accordance with subsection (g) of Section
18 2105-15 of the Department of Regulation Law of the Civil
19 Administrative Code of Illinois.

20 ~~(b-1) The Department shall not revoke, suspend, summarily~~
21 ~~suspend, place on probation, reprimand, refuse to issue or~~
22 ~~renew, or take any other disciplinary or non-disciplinary~~
23 ~~action against the license issued under this Act to practice~~
24 ~~as a registered surgical assistant or registered surgical~~
25 ~~technologist based solely upon the registered surgical~~
26 ~~assistant or registered surgical technologist providing,~~

1 ~~authorizing, recommending, aiding, assisting, referring for,~~
2 ~~or otherwise participating in any health care service, so long~~
3 ~~as the care was not unlawful under the laws of this State,~~
4 ~~regardless of whether the patient was a resident of this State~~
5 ~~or another state.~~

6 ~~(b-2) The Department shall not revoke, suspend, summarily~~
7 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
8 ~~renew, or take any other disciplinary or non disciplinary~~
9 ~~action against the license issued under this Act to practice~~
10 ~~as a registered surgical assistant or registered surgical~~
11 ~~technologist based upon the registered surgical assistant's or~~
12 ~~registered surgical technologist's license being revoked or~~
13 ~~suspended, or the registered surgical assistant's or~~
14 ~~registered surgical technologist's being otherwise disciplined~~
15 ~~by any other state, if that revocation, suspension, or other~~
16 ~~form of discipline was based solely on the registered surgical~~
17 ~~assistant or registered surgical technologist violating~~
18 ~~another state's laws prohibiting the provision of,~~
19 ~~authorization of, recommendation of, aiding or assisting in,~~
20 ~~referring for, or participation in any health care service if~~
21 ~~that health care service as provided would not have been~~
22 ~~unlawful under the laws of this State and is consistent with~~
23 ~~the standards of conduct for the registered surgical assistant~~
24 ~~or registered surgical technologist practicing in this State.~~

25 ~~(b-3) The conduct specified in subsection (b-1) or (b-2)~~
26 ~~shall not constitute grounds for suspension under Section 145.~~

1 ~~(b-4) An applicant seeking licensure, certification, or~~
2 ~~authorization pursuant to this Act who has been subject to~~
3 ~~disciplinary action by a duly authorized professional~~
4 ~~disciplinary agency of another jurisdiction solely on the~~
5 ~~basis of having provided, authorized, recommended, aided,~~
6 ~~assisted, referred for, or otherwise participated in health~~
7 ~~care shall not be denied such licensure, certification, or~~
8 ~~authorization, unless the Department determines that such~~
9 ~~action would have constituted professional misconduct in this~~
10 ~~State. Nothing in this Section shall be construed as~~
11 ~~prohibiting the Department from evaluating the conduct of such~~
12 ~~applicant and making a determination regarding the licensure,~~
13 ~~certification, or authorization to practice a profession under~~
14 ~~this Act.~~

15 (c) The determination by a circuit court that a registrant
16 is subject to involuntary admission or judicial admission as
17 provided in the Mental Health and Developmental Disabilities
18 Code operates as an automatic suspension. The suspension will
19 end only upon (1) a finding by a court that the patient is no
20 longer subject to involuntary admission or judicial admission,
21 (2) issuance of an order so finding and discharging the
22 patient, and (3) filing of a petition for restoration
23 demonstrating fitness to practice.

24 (d) (Blank).

25 (e) In cases where the Department of Healthcare and Family
26 Services has previously determined a registrant or a potential

1 registrant is more than 30 days delinquent in the payment of
2 child support and has subsequently certified the delinquency
3 to the Department, the Department may refuse to issue or renew
4 or may revoke or suspend that person's registration or may
5 take other disciplinary action against that person based
6 solely upon the certification of delinquency made by the
7 Department of Healthcare and Family Services in accordance
8 with paragraph (5) of subsection (a) of Section 2105-15 of the
9 Department of Professional Regulation Law of the Civil
10 Administrative Code of Illinois.

11 (f) In enforcing this Section, the Department, upon a
12 showing of a possible violation, may compel any individual
13 registered under this Act or any individual who has applied
14 for registration to submit to a mental or physical examination
15 and evaluation, or both, that may include a substance abuse or
16 sexual offender evaluation, at the expense of the Department.
17 The Department shall specifically designate the examining
18 physician licensed to practice medicine in all of its branches
19 or, if applicable, the multidisciplinary team involved in
20 providing the mental or physical examination and evaluation,
21 or both. The multidisciplinary team shall be led by a
22 physician licensed to practice medicine in all of its branches
23 and may consist of one or more or a combination of physicians
24 licensed to practice medicine in all of its branches, licensed
25 chiropractic physicians, licensed clinical psychologists,
26 licensed clinical social workers, licensed clinical

1 professional counselors, and other professional and
2 administrative staff. Any examining physician or member of the
3 multidisciplinary team may require any person ordered to
4 submit to an examination and evaluation pursuant to this
5 Section to submit to any additional supplemental testing
6 deemed necessary to complete any examination or evaluation
7 process, including, but not limited to, blood testing,
8 urinalysis, psychological testing, or neuropsychological
9 testing.

10 The Department may order the examining physician or any
11 member of the multidisciplinary team to provide to the
12 Department any and all records, including business records,
13 that relate to the examination and evaluation, including any
14 supplemental testing performed. The Department may order the
15 examining physician or any member of the multidisciplinary
16 team to present testimony concerning this examination and
17 evaluation of the registrant or applicant, including testimony
18 concerning any supplemental testing or documents relating to
19 the examination and evaluation. No information, report,
20 record, or other documents in any way related to the
21 examination and evaluation shall be excluded by reason of any
22 common law or statutory privilege relating to communication
23 between the registrant or applicant and the examining
24 physician or any member of the multidisciplinary team. No
25 authorization is necessary from the registrant or applicant
26 ordered to undergo an evaluation and examination for the

1 examining physician or any member of the multidisciplinary
2 team to provide information, reports, records, or other
3 documents or to provide any testimony regarding the
4 examination and evaluation. The individual to be examined may
5 have, at his or her own expense, another physician of his or
6 her choice present during all aspects of the examination.

7 Failure of any individual to submit to mental or physical
8 examination and evaluation, or both, when directed, shall
9 result in an automatic suspension without a hearing until such
10 time as the individual submits to the examination. If the
11 Department finds a registrant unable to practice because of
12 the reasons set forth in this Section, the Department shall
13 require such registrant to submit to care, counseling, or
14 treatment by physicians approved or designated by the
15 Department as a condition for continued, reinstated, or
16 renewed registration.

17 When the Secretary immediately suspends a registration
18 under this Section, a hearing upon such person's registration
19 must be convened by the Department within 15 days after such
20 suspension and completed without appreciable delay. The
21 Department shall have the authority to review the registrant's
22 record of treatment and counseling regarding the impairment to
23 the extent permitted by applicable federal statutes and
24 regulations safeguarding the confidentiality of medical
25 records.

26 Individuals registered under this Act and affected under

1 this Section shall be afforded an opportunity to demonstrate
2 to the Department that they can resume practice in compliance
3 with acceptable and prevailing standards under the provisions
4 of their registration.

5 (g) All fines imposed under this Section shall be paid
6 within 60 days after the effective date of the order imposing
7 the fine or in accordance with the terms set forth in the order
8 imposing the fine.

9 ~~(f) The Department may adopt rules to implement the~~
10 ~~changes made by this amendatory Act of the 102nd General~~
11 ~~Assembly.~~

12 (Source: P.A. 102-1117, eff. 1-13-23; revised 8-30-23.)

13 (Text of Section after amendment by P.A. 103-387)

14 (Section scheduled to be repealed on January 1, 2029)

15 Sec. 75. Grounds for disciplinary action.

16 (a) The Department may refuse to issue, renew, or restore
17 a registration, may revoke or suspend a registration, or may
18 place on probation, reprimand, or take other disciplinary or
19 non-disciplinary action with regard to a person registered
20 under this Act, including, but not limited to, the imposition
21 of fines not to exceed \$10,000 for each violation and the
22 assessment of costs as provided for in Section 90, for any one
23 or combination of the following causes:

24 (1) Making a material misstatement in furnishing
25 information to the Department.

1 (2) Violating a provision of this Act or rules adopted
2 under this Act.

3 (3) Conviction by plea of guilty or nolo contendere,
4 finding of guilt, jury verdict, or entry of judgment or by
5 sentencing of any crime, including, but not limited to,
6 convictions, preceding sentences of supervision,
7 conditional discharge, or first offender probation, under
8 the laws of any jurisdiction of the United States that is
9 (i) a felony or (ii) a misdemeanor, an essential element
10 of which is dishonesty, or that is directly related to the
11 practice of the profession.

12 (4) Fraud or misrepresentation in applying for,
13 renewing, restoring, reinstating, or procuring a
14 registration under this Act.

15 (5) Aiding or assisting another person in violating a
16 provision of this Act or its rules.

17 (6) Failing to provide information within 60 days in
18 response to a written request made by the Department.

19 (7) Engaging in dishonorable, unethical, or
20 unprofessional conduct of a character likely to deceive,
21 defraud, or harm the public, as defined by rule of the
22 Department.

23 (8) Discipline by another United States jurisdiction,
24 governmental agency, unit of government, or foreign
25 nation, if at least one of the grounds for discipline is
26 the same or substantially equivalent to those set forth in

1 this Section.

2 (9) Directly or indirectly giving to or receiving from
3 a person, firm, corporation, partnership, or association a
4 fee, commission, rebate, or other form of compensation for
5 professional services not actually or personally rendered.
6 Nothing in this paragraph (9) affects any bona fide
7 independent contractor or employment arrangements among
8 health care professionals, health facilities, health care
9 providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the registrant's practice under this
14 Act. Nothing in this paragraph (9) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered.

17 (10) A finding by the Department that the registrant,
18 after having the registration placed on probationary
19 status, has violated the terms of probation.

20 (11) Willfully making or filing false records or
21 reports in the practice, including, but not limited to,
22 false records or reports filed with State agencies.

23 (12) Willfully making or signing a false statement,
24 certificate, or affidavit to induce payment.

25 (13) Willfully failing to report an instance of
26 suspected child abuse or neglect as required under the

1 Abused and Neglected Child Reporting Act.

2 (14) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act and
5 upon proof by clear and convincing evidence that the
6 registrant has caused a child to be an abused child or
7 neglected child as defined in the Abused and Neglected
8 Child Reporting Act.

9 (15) (Blank).

10 (16) Failure to report to the Department (A) any
11 adverse final action taken against the registrant by
12 another registering or licensing jurisdiction, government
13 agency, law enforcement agency, or any court or (B)
14 liability for conduct that would constitute grounds for
15 action as set forth in this Section.

16 (17) Habitual or excessive use or abuse of drugs
17 defined in law as controlled substances, alcohol, or any
18 other substance that results in the inability to practice
19 with reasonable judgment, skill, or safety.

20 (18) Physical or mental illness, including, but not
21 limited to, deterioration through the aging process or
22 loss of motor skills, which results in the inability to
23 practice the profession for which the person is registered
24 with reasonable judgment, skill, or safety.

25 (19) Gross malpractice.

26 (20) Immoral conduct in the commission of an act

1 related to the registrant's practice, including, but not
2 limited to, sexual abuse, sexual misconduct, or sexual
3 exploitation.

4 (21) Violation of the Health Care Worker Self-Referral
5 Act.

6 (b) The Department may refuse to issue or may suspend
7 without hearing the registration of a person who fails to file
8 a return, to pay the tax, penalty, or interest shown in a filed
9 return, or to pay a final assessment of the tax, penalty, or
10 interest as required by a tax Act administered by the
11 Department of Revenue, until the requirements of the tax Act
12 are satisfied in accordance with subsection (g) of Section
13 2105-15 of the Department of Regulation Law of the Civil
14 Administrative Code of Illinois.

15 ~~(b-1) The Department shall not revoke, suspend, summarily~~
16 ~~suspend, place on probation, reprimand, refuse to issue or~~
17 ~~renew, or take any other disciplinary or non disciplinary~~
18 ~~action against the license issued under this Act to practice~~
19 ~~as a registered surgical assistant or registered surgical~~
20 ~~technologist based solely upon the registered surgical~~
21 ~~assistant or registered surgical technologist providing,~~
22 ~~authorizing, recommending, aiding, assisting, referring for,~~
23 ~~or otherwise participating in any health care service, so long~~
24 ~~as the care was not unlawful under the laws of this State,~~
25 ~~regardless of whether the patient was a resident of this State~~
26 ~~or another state.~~

1 ~~(b-2) The Department shall not revoke, suspend, summarily~~
2 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
3 ~~renew, or take any other disciplinary or non-disciplinary~~
4 ~~action against the license issued under this Act to practice~~
5 ~~as a registered surgical assistant or registered surgical~~
6 ~~technologist based upon the registered surgical assistant's or~~
7 ~~registered surgical technologist's license being revoked or~~
8 ~~suspended, or the registered surgical assistant's or~~
9 ~~registered surgical technologist's being otherwise disciplined~~
10 ~~by any other state, if that revocation, suspension, or other~~
11 ~~form of discipline was based solely on the registered surgical~~
12 ~~assistant or registered surgical technologist violating~~
13 ~~another state's laws prohibiting the provision of,~~
14 ~~authorization of, recommendation of, aiding or assisting in,~~
15 ~~referring for, or participation in any health care service if~~
16 ~~that health care service as provided would not have been~~
17 ~~unlawful under the laws of this State and is consistent with~~
18 ~~the standards of conduct for the registered surgical assistant~~
19 ~~or registered surgical technologist practicing in this State.~~

20 ~~(b-3) The conduct specified in subsection (b-1) or (b-2)~~
21 ~~shall not constitute grounds for suspension under Section 145.~~

22 ~~(b-4) An applicant seeking licensure, certification, or~~
23 ~~authorization pursuant to this Act who has been subject to~~
24 ~~disciplinary action by a duly authorized professional~~
25 ~~disciplinary agency of another jurisdiction solely on the~~
26 ~~basis of having provided, authorized, recommended, aided,~~

1 ~~assisted, referred for, or otherwise participated in health~~
2 ~~care shall not be denied such licensure, certification, or~~
3 ~~authorization, unless the Department determines that such~~
4 ~~action would have constituted professional misconduct in this~~
5 ~~State. Nothing in this Section shall be construed as~~
6 ~~prohibiting the Department from evaluating the conduct of such~~
7 ~~applicant and making a determination regarding the licensure,~~
8 ~~certification, or authorization to practice a profession under~~
9 ~~this Act.~~

10 (c) The determination by a circuit court that a registrant
11 is subject to involuntary admission or judicial admission as
12 provided in the Mental Health and Developmental Disabilities
13 Code operates as an automatic suspension. The suspension will
14 end only upon (1) a finding by a court that the patient is no
15 longer subject to involuntary admission or judicial admission,
16 (2) issuance of an order so finding and discharging the
17 patient, and (3) filing of a petition for restoration
18 demonstrating fitness to practice.

19 (d) (Blank).

20 (e) In cases where the Department of Healthcare and Family
21 Services has previously determined a registrant or a potential
22 registrant is more than 30 days delinquent in the payment of
23 child support and has subsequently certified the delinquency
24 to the Department, the Department may refuse to issue or renew
25 or may revoke or suspend that person's registration or may
26 take other disciplinary action against that person based

1 solely upon the certification of delinquency made by the
2 Department of Healthcare and Family Services in accordance
3 with paragraph (5) of subsection (a) of Section 2105-15 of the
4 Department of Professional Regulation Law of the Civil
5 Administrative Code of Illinois.

6 (f) In enforcing this Section, the Department, upon a
7 showing of a possible violation, may compel any individual
8 registered under this Act or any individual who has applied
9 for registration to submit to a mental or physical examination
10 and evaluation, or both, that may include a substance abuse or
11 sexual offender evaluation, at the expense of the Department.
12 The Department shall specifically designate the examining
13 physician licensed to practice medicine in all of its branches
14 or, if applicable, the multidisciplinary team involved in
15 providing the mental or physical examination and evaluation,
16 or both. The multidisciplinary team shall be led by a
17 physician licensed to practice medicine in all of its branches
18 and may consist of one or more or a combination of physicians
19 licensed to practice medicine in all of its branches, licensed
20 chiropractic physicians, licensed clinical psychologists,
21 licensed clinical social workers, licensed clinical
22 professional counselors, and other professional and
23 administrative staff. Any examining physician or member of the
24 multidisciplinary team may require any person ordered to
25 submit to an examination and evaluation pursuant to this
26 Section to submit to any additional supplemental testing

1 deemed necessary to complete any examination or evaluation
2 process, including, but not limited to, blood testing,
3 urinalysis, psychological testing, or neuropsychological
4 testing.

5 The Department may order the examining physician or any
6 member of the multidisciplinary team to provide to the
7 Department any and all records, including business records,
8 that relate to the examination and evaluation, including any
9 supplemental testing performed. The Department may order the
10 examining physician or any member of the multidisciplinary
11 team to present testimony concerning this examination and
12 evaluation of the registrant or applicant, including testimony
13 concerning any supplemental testing or documents relating to
14 the examination and evaluation. No information, report,
15 record, or other documents in any way related to the
16 examination and evaluation shall be excluded by reason of any
17 common law or statutory privilege relating to communication
18 between the registrant or applicant and the examining
19 physician or any member of the multidisciplinary team. No
20 authorization is necessary from the registrant or applicant
21 ordered to undergo an evaluation and examination for the
22 examining physician or any member of the multidisciplinary
23 team to provide information, reports, records, or other
24 documents or to provide any testimony regarding the
25 examination and evaluation. The individual to be examined may
26 have, at the individual's own expense, another physician of

1 the individual's choice present during all aspects of the
2 examination.

3 Failure of any individual to submit to mental or physical
4 examination and evaluation, or both, when directed, shall
5 result in an automatic suspension without a hearing until such
6 time as the individual submits to the examination. If the
7 Department finds a registrant unable to practice because of
8 the reasons set forth in this Section, the Department shall
9 require such registrant to submit to care, counseling, or
10 treatment by physicians approved or designated by the
11 Department as a condition for continued, reinstated, or
12 renewed registration.

13 When the Secretary immediately suspends a registration
14 under this Section, a hearing upon such person's registration
15 must be convened by the Department within 15 days after such
16 suspension and completed without appreciable delay. The
17 Department shall have the authority to review the registrant's
18 record of treatment and counseling regarding the impairment to
19 the extent permitted by applicable federal statutes and
20 regulations safeguarding the confidentiality of medical
21 records.

22 Individuals registered under this Act and affected under
23 this Section shall be afforded an opportunity to demonstrate
24 to the Department that they can resume practice in compliance
25 with acceptable and prevailing standards under the provisions
26 of their registration.

1 (g) All fines imposed under this Section shall be paid
2 within 60 days after the effective date of the order imposing
3 the fine or in accordance with the terms set forth in the order
4 imposing the fine.

5 ~~(f) The Department may adopt rules to implement the~~
6 ~~changes made by this amendatory Act of the 102nd General~~
7 ~~Assembly.~~

8 (Source: P.A. 102-1117, eff. 1-13-23; 103-387, eff. 1-1-24;
9 revised 8-30-23.)

10 Section 5-125. The Genetic Counselor Licensing Act is
11 amended by changing Section 95 as follows:

12 (225 ILCS 135/95)

13 (Section scheduled to be repealed on January 1, 2025)

14 Sec. 95. Grounds for discipline.

15 (a) The Department may refuse to issue, renew, or may
16 revoke, suspend, place on probation, reprimand, or take other
17 disciplinary or non-disciplinary action as the Department
18 deems appropriate, including the issuance of fines not to
19 exceed \$10,000 for each violation, with regard to any license
20 for any one or more of the following:

21 (1) Material misstatement in furnishing information to
22 the Department or to any other State agency.

23 (2) Violations or negligent or intentional disregard
24 of this Act, or any of its rules.

1 (3) Conviction by plea of guilty or nolo contendere,
2 finding of guilt, jury verdict, or entry of judgment or
3 sentencing, including, but not limited to, convictions,
4 preceding sentences of supervision, conditional discharge,
5 or first offender probation, under the laws of any
6 jurisdiction of the United States: (i) that is a felony or
7 (ii) that is a misdemeanor, an essential element of which
8 is dishonesty, or that is directly related to the practice
9 of genetic counseling.

10 (4) Making any misrepresentation for the purpose of
11 obtaining a license, or violating any provision of this
12 Act or its rules.

13 (5) Negligence in the rendering of genetic counseling
14 services.

15 (6) Failure to provide genetic testing results and any
16 requested information to a referring physician licensed to
17 practice medicine in all its branches, advanced practice
18 registered nurse, or physician assistant.

19 (7) Aiding or assisting another person in violating
20 any provision of this Act or any rules.

21 (8) Failing to provide information within 60 days in
22 response to a written request made by the Department.

23 (9) Engaging in dishonorable, unethical, or
24 unprofessional conduct of a character likely to deceive,
25 defraud, or harm the public and violating the rules of
26 professional conduct adopted by the Department.

1 (10) Failing to maintain the confidentiality of any
2 information received from a client, unless otherwise
3 authorized or required by law.

4 (10.5) Failure to maintain client records of services
5 provided and provide copies to clients upon request.

6 (11) Exploiting a client for personal advantage,
7 profit, or interest.

8 (12) Habitual or excessive use or addiction to
9 alcohol, narcotics, stimulants, or any other chemical
10 agent or drug which results in inability to practice with
11 reasonable skill, judgment, or safety.

12 (13) Discipline by another governmental agency or unit
13 of government, by any jurisdiction of the United States,
14 or by a foreign nation, if at least one of the grounds for
15 the discipline is the same or substantially equivalent to
16 those set forth in this Section.

17 (14) Directly or indirectly giving to or receiving
18 from any person, firm, corporation, partnership, or
19 association any fee, commission, rebate, or other form of
20 compensation for any professional service not actually
21 rendered. Nothing in this paragraph (14) affects any bona
22 fide independent contractor or employment arrangements
23 among health care professionals, health facilities, health
24 care providers, or other entities, except as otherwise
25 prohibited by law. Any employment arrangements may include
26 provisions for compensation, health insurance, pension, or

1 other employment benefits for the provision of services
2 within the scope of the licensee's practice under this
3 Act. Nothing in this paragraph (14) shall be construed to
4 require an employment arrangement to receive professional
5 fees for services rendered.

6 (15) A finding by the Department that the licensee,
7 after having the license placed on probationary status,
8 has violated the terms of probation.

9 (16) Failing to refer a client to other health care
10 professionals when the licensee is unable or unwilling to
11 adequately support or serve the client.

12 (17) Willfully filing false reports relating to a
13 licensee's practice, including l but not limited to l false
14 records filed with federal or State agencies or
15 departments.

16 (18) Willfully failing to report an instance of
17 suspected child abuse or neglect as required by the Abused
18 and Neglected Child Reporting Act.

19 (19) Being named as a perpetrator in an indicated
20 report by the Department of Children and Family Services
21 pursuant to the Abused and Neglected Child Reporting Act,
22 and upon proof by clear and convincing evidence that the
23 licensee has caused a child to be an abused child or
24 neglected child as defined in the Abused and Neglected
25 Child Reporting Act.

26 (20) Physical or mental disability, including

1 deterioration through the aging process or loss of
2 abilities and skills which results in the inability to
3 practice the profession with reasonable judgment, skill,
4 or safety.

5 (21) Solicitation of professional services by using
6 false or misleading advertising.

7 (22) Failure to file a return, or to pay the tax,
8 penalty, or ~~of~~ interest shown in a filed return, or to pay
9 any final assessment of tax, penalty, or interest, as
10 required by any tax Act administered by the Illinois
11 Department of Revenue or any successor agency or the
12 Internal Revenue Service or any successor agency.

13 (23) Fraud or making any misrepresentation in applying
14 for or procuring a license under this Act or in connection
15 with applying for renewal of a license under this Act.

16 (24) Practicing or attempting to practice under a name
17 other than the full name as shown on the license or any
18 other legally authorized name.

19 (25) Gross overcharging for professional services,
20 including filing statements for collection of fees or
21 monies for which services are not rendered.

22 (26) (Blank).

23 (27) Charging for professional services not rendered,
24 including filing false statements for the collection of
25 fees for which services are not rendered.

26 (28) Allowing one's license under this Act to be used

1 by an unlicensed person in violation of this Act.

2 (b) (Blank).

3 ~~(b-5) The Department shall not revoke, suspend, summarily~~
4 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
5 ~~renew, or take any other disciplinary or non disciplinary~~
6 ~~action against the license or permit issued under this Act to~~
7 ~~practice as a genetic counselor based solely upon the genetic~~
8 ~~counselor authorizing, recommending, aiding, assisting,~~
9 ~~referring for, or otherwise participating in any health care~~
10 ~~service, so long as the care was not unlawful under the laws of~~
11 ~~this State, regardless of whether the patient was a resident~~
12 ~~of this State or another state.~~

13 ~~(b-10) The Department shall not revoke, suspend, summarily~~
14 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
15 ~~renew, or take any other disciplinary or non disciplinary~~
16 ~~action against the license or permit issued under this Act to~~
17 ~~practice as a genetic counselor based upon the genetic~~
18 ~~counselor's license being revoked or suspended, or the genetic~~
19 ~~counselor being otherwise disciplined by any other state, if~~
20 ~~that revocation, suspension, or other form of discipline was~~
21 ~~based solely on the genetic counselor violating another~~
22 ~~state's laws prohibiting the provision of, authorization of,~~
23 ~~recommendation of, aiding or assisting in, referring for, or~~
24 ~~participation in any health care service if that health care~~
25 ~~service as provided would not have been unlawful under the~~
26 ~~laws of this State and is consistent with the standards of~~

1 ~~conduct for the genetic counselor if it occurred in Illinois.~~

2 ~~(b-15) The conduct specified in subsections (b-5) and~~
3 ~~(b-10) shall not constitute grounds for suspension under~~
4 ~~Section 160.~~

5 ~~(b-20) An applicant seeking licensure, certification, or~~
6 ~~authorization pursuant to this Act who has been subject to~~
7 ~~disciplinary action by a duly authorized professional~~
8 ~~disciplinary agency of another jurisdiction solely on the~~
9 ~~basis of having authorized, recommended, aided, assisted,~~
10 ~~referred for, or otherwise participated in health care shall~~
11 ~~not be denied such licensure, certification, or authorization,~~
12 ~~unless the Department determines that such action would have~~
13 ~~constituted professional misconduct in this State; however,~~
14 ~~nothing in this Section shall be construed as prohibiting the~~
15 ~~Department from evaluating the conduct of such applicant and~~
16 ~~making a determination regarding the licensure, certification,~~
17 ~~or authorization to practice a profession under this Act.~~

18 (c) The determination by a court that a licensee is
19 subject to involuntary admission or judicial admission as
20 provided in the Mental Health and Developmental Disabilities
21 Code will result in an automatic suspension of his or her
22 license. The suspension will end upon a finding by a court that
23 the licensee is no longer subject to involuntary admission or
24 judicial admission, the issuance of an order so finding and
25 discharging the patient, and the determination of the
26 Secretary that the licensee be allowed to resume professional

1 practice.

2 (d) The Department may refuse to issue or renew or may
3 suspend without hearing the license of any person who fails to
4 file a return, to pay the tax, penalty, or interest shown in a
5 filed return, or to pay any final assessment of the tax,
6 penalty, or interest as required by any Act regarding the
7 payment of taxes administered by the Illinois Department of
8 Revenue until the requirements of the Act are satisfied in
9 accordance with subsection (g) of Section 2105-15 of the Civil
10 Administrative Code of Illinois.

11 (e) In cases where the Department of Healthcare and Family
12 Services has previously determined that a licensee or a
13 potential licensee is more than 30 days delinquent in the
14 payment of child support and has subsequently certified the
15 delinquency to the Department, the Department may refuse to
16 issue or renew or may revoke or suspend that person's license
17 or may take other disciplinary action against that person
18 based solely upon the certification of delinquency made by the
19 Department of Healthcare and Family Services in accordance
20 with item (5) of subsection (a) of Section 2105-15 of the
21 Department of Professional Regulation Law of the Civil
22 Administrative Code of Illinois.

23 (f) All fines or costs imposed under this Section shall be
24 paid within 60 days after the effective date of the order
25 imposing the fine or costs or in accordance with the terms set
26 forth in the order imposing the fine.

1 ~~(g) The Department may adopt rules to implement the~~
2 ~~changes made by this amendatory Act of the 102nd General~~
3 ~~Assembly.~~

4 (Source: P.A. 102-1117, eff. 1-13-23.)

5 Section 5-130. The Telehealth Act is amended by changing
6 Sections 10 and 15 as follows:

7 (225 ILCS 150/10)

8 Sec. 10. Practice authority. A health care professional
9 treating a patient located in this State through telehealth
10 services must be licensed or authorized to practice in
11 Illinois. ~~A health care professional with a temporary permit~~
12 ~~for full practice advanced practice registered nurse for~~
13 ~~health care, a temporary permit for advanced practice~~
14 ~~registered nurse for health care, or a temporary permit for~~
15 ~~health care may treat a patient located in this State through~~
16 ~~telehealth services in a manner consistent with the health~~
17 ~~care professional's scope of practice and agreement with a~~
18 ~~sponsoring entity.~~

19 (Source: P.A. 102-104, eff. 7-22-21; 102-1117, eff. 1-13-23.)

20 (225 ILCS 150/15)

21 Sec. 15. Use of telehealth services.

22 (a) A health care professional may engage in the practice
23 of telehealth services in Illinois to the extent of his or her

1 scope of practice as established in his or her respective
2 licensing Act consistent with the standards of care for
3 in-person services. This Act shall not be construed to alter
4 the scope of practice of any health care professional or
5 authorize the delivery of health care services in a setting or
6 in a manner not otherwise authorized by the laws of this State.

7 (b) Telehealth services provided pursuant to this Section
8 shall be consistent with all federal and State privacy,
9 security, and confidentiality laws, rules, or regulations.

10 ~~(c) A health care professional with a temporary permit for~~
11 ~~full practice advanced practice registered nurse for health~~
12 ~~care, a temporary permit for advanced practice registered~~
13 ~~nurse for health care, or a temporary permit for health care~~
14 ~~may treat a patient located in this State through telehealth~~
15 ~~services in a manner consistent with the health care~~
16 ~~professional's scope of practice and agreement with a~~
17 ~~sponsoring entity.~~

18 (Source: P.A. 102-104, eff. 7-22-21; 102-1117, eff. 1-13-23.)

19 Section 5-135. The Illinois Public Aid Code is amended by
20 changing Section 5-16.8 as follows:

21 (305 ILCS 5/5-16.8)

22 (Text of Section before amendment by P.A. 103-84, 103-91,
23 and 103-420)

24 Sec. 5-16.8. Required health benefits. The medical

1 assistance program shall (i) provide the post-mastectomy care
2 benefits required to be covered by a policy of accident and
3 health insurance under Section 356t and the coverage required
4 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
5 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
6 356z.47, 356z.51, 356z.53, 356z.56, and 356z.59, ~~and 356z.60~~
7 of the Illinois Insurance Code, (ii) be subject to the
8 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
9 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
10 subject to the provisions of subsection (d-5) of Section 10 of
11 the Network Adequacy and Transparency Act.

12 The Department, by rule, shall adopt a model similar to
13 the requirements of Section 356z.39 of the Illinois Insurance
14 Code.

15 On and after July 1, 2012, the Department shall reduce any
16 rate of reimbursement for services or other payments or alter
17 any methodologies authorized by this Code to reduce any rate
18 of reimbursement for services or other payments in accordance
19 with Section 5-5e.

20 To ensure full access to the benefits set forth in this
21 Section, on and after January 1, 2016, the Department shall
22 ensure that provider and hospital reimbursement for
23 post-mastectomy care benefits required under this Section are
24 no lower than the Medicare reimbursement rate.

25 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
26 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.

1 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
2 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
3 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
4 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
5 eff. 1-1-23; 102-1117, eff. 1-13-23.)

6 (Text of Section after amendment by P.A. 103-84, 103-91,
7 and 103-420)

8 Sec. 5-16.8. Required health benefits. The medical
9 assistance program shall (i) provide the post-mastectomy care
10 benefits required to be covered by a policy of accident and
11 health insurance under Section 356t and the coverage required
12 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
13 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
14 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, ~~356z.60,~~ and
15 356z.61, 356z.64, and 356z.67 of the Illinois Insurance Code,
16 (ii) be subject to the provisions of Sections 356z.19,
17 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the Illinois
18 Insurance Code, and (iii) be subject to the provisions of
19 subsection (d-5) of Section 10 of the Network Adequacy and
20 Transparency Act.

21 The Department, by rule, shall adopt a model similar to
22 the requirements of Section 356z.39 of the Illinois Insurance
23 Code.

24 On and after July 1, 2012, the Department shall reduce any
25 rate of reimbursement for services or other payments or alter

1 any methodologies authorized by this Code to reduce any rate
2 of reimbursement for services or other payments in accordance
3 with Section 5-5e.

4 To ensure full access to the benefits set forth in this
5 Section, on and after January 1, 2016, the Department shall
6 ensure that provider and hospital reimbursement for
7 post-mastectomy care benefits required under this Section are
8 no lower than the Medicare reimbursement rate.

9 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
10 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
11 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
12 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
13 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
14 1-1-24; 103-420, eff. 1-1-24; revised 8-29-23.)

15 Section 5-140. The Sexual Assault Survivors Emergency
16 Treatment Act is amended by adding Section 9.1 as follows:

17 (410 ILCS 70/9.1 new)

18 Sec. 9.1. No abortion services required. Nothing in this
19 Act shall be construed to require a hospital or an approved
20 pediatric health care facility to provide any services which
21 relate to an abortion.

22 Section 5-145. The Consent by Minors to Health Care
23 Services Act is amended by changing Section 1.5 as follows:

1 (410 ILCS 210/1.5)

2 Sec. 1.5. Consent by minor seeking care for limited
3 primary care services.

4 (a) The consent to the performance of primary care
5 services by a physician licensed to practice medicine in all
6 its branches, a licensed advanced practice registered nurse, a
7 licensed physician assistant, a chiropractic physician, or a
8 licensed optometrist executed by a minor seeking care is not
9 voidable because of such minority, and for such purpose, a
10 minor seeking care is deemed to have the same legal capacity to
11 act and has the same powers and obligations as has a person of
12 legal age under the following circumstances:

13 (1) the health care professional reasonably believes
14 that the minor seeking care understands the benefits and
15 risks of any proposed primary care or services; and

16 (2) the minor seeking care is identified in writing as
17 a minor seeking care by:

18 (A) an adult relative;

19 (B) a representative of a homeless service agency
20 that receives federal, State, county, or municipal
21 funding to provide those services or that is otherwise
22 sanctioned by a local continuum of care;

23 (C) an attorney licensed to practice law in this
24 State;

25 (D) a public school homeless liaison or school

1 social worker;

2 (E) a social service agency providing services to
3 at risk, homeless, or runaway youth; or

4 (F) a representative of a religious organization.

5 (b) A health care professional rendering primary care
6 services under this Section shall not incur civil or criminal
7 liability for failure to obtain valid consent or professional
8 discipline for failure to obtain valid consent if he or she
9 relied in good faith on the representations made by the minor
10 or the information provided under paragraph (2) of subsection
11 (a) of this Section. Under such circumstances, good faith
12 shall be presumed.

13 (c) The confidential nature of any communication between a
14 health care professional described in Section 1 of this Act
15 and a minor seeking care is not waived (1) by the presence, at
16 the time of communication, of any additional persons present
17 at the request of the minor seeking care, (2) by the health
18 care professional's disclosure of confidential information to
19 the additional person with the consent of the minor seeking
20 care, when reasonably necessary to accomplish the purpose for
21 which the additional person is consulted, or (3) by the health
22 care professional billing a health benefit insurance or plan
23 under which the minor seeking care is insured, is enrolled, or
24 has coverage for the services provided.

25 (d) Nothing in this Section shall be construed to limit or
26 expand a minor's existing powers and obligations under any

1 federal, State, or local law. Nothing in this Section shall be
2 construed to affect the Parental Notice of Abortion Act of
3 2024. Nothing in this Section affects the right or authority
4 of a parent or legal guardian to verbally, in writing, or
5 otherwise authorize health care services to be provided for a
6 minor in their absence.

7 (e) For the purposes of this Section:

8 "Minor seeking care" means a person at least 14 years of
9 age but less than 18 years of age who is living separate and
10 apart from his or her parents or legal guardian, whether with
11 or without the consent of a parent or legal guardian who is
12 unable or unwilling to return to the residence of a parent, and
13 managing his or her own personal affairs. "Minor seeking care"
14 does not include minors who are under the protective custody,
15 temporary custody, or guardianship of the Department of
16 Children and Family Services.

17 "Primary care services" means health care services that
18 include screening, counseling, immunizations, medication, and
19 treatment of illness and conditions customarily provided by
20 licensed health care professionals in an out-patient setting,
21 eye care services, excluding advanced optometric procedures,
22 provided by optometrists, and services provided by
23 chiropractic physicians according to the scope of practice of
24 chiropractic physicians under the Medical Practice Act of
25 1987. "Primary care services" does not include invasive care,
26 beyond standard injections, laceration care, or non-surgical

1 fracture care.

2 (Source: P.A. 102-1117, eff. 1-13-23.)

3 Section 5-150. The Vital Records Act is amended by
4 changing Section 1 as follows:

5 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

6 Sec. 1. As used in this Act, unless the context otherwise
7 requires:

8 (1) "Vital records" means records of births, deaths, fetal
9 deaths, marriages, dissolution of marriages, and data related
10 thereto.

11 (2) "System of vital records" includes the registration,
12 collection, preservation, amendment, and certification of
13 vital records, and activities related thereto.

14 (3) "Filing" means the presentation of a certificate,
15 report, or other record provided for in this Act, of a birth,
16 death, fetal death, adoption, marriage, or dissolution of
17 marriage, for registration by the Office of Vital Records.

18 (4) "Registration" means the acceptance by the Office of
19 Vital Records and the incorporation in its official records of
20 certificates, reports, or other records provided for in this
21 Act, of births, deaths, fetal deaths, adoptions, marriages, or
22 dissolution of marriages.

23 (5) "Live birth" means the complete expulsion or
24 extraction from its mother of a product of human conception,

1 irrespective of the duration of pregnancy, which after such
2 separation breathes or shows any other evidence of life such
3 as beating of the heart, pulsation of the umbilical cord, or
4 definite movement of voluntary muscles, whether or not the
5 umbilical cord has been cut or the placenta is attached.

6 (6) "Fetal death" means death prior to the complete
7 expulsion or extraction from its mother ~~the uterus~~ of a
8 product of human conception, irrespective of the duration of
9 pregnancy; ~~the , and which is not due to an abortion as defined~~
10 ~~in Section 1-10 of the Reproductive Health Act.~~ The death is
11 indicated by the fact that after such separation the fetus
12 does not breathe or show any other evidence of life such as
13 beating of the heart, pulsation of the umbilical cord, or
14 definite movement of voluntary muscles.

15 (7) "Dead body" means a lifeless human body or parts of
16 such body or bones thereof from the state of which it may
17 reasonably be concluded that death has occurred.

18 (8) "Final disposition" means the burial, cremation, or
19 other disposition of a dead human body or fetus or parts
20 thereof.

21 (9) "Physician" means a person licensed to practice
22 medicine in Illinois or any other state.

23 (10) "Institution" means any establishment, public or
24 private, which provides in-patient medical, surgical, or
25 diagnostic care or treatment, or nursing, custodial, or
26 domiciliary care to 2 or more unrelated individuals, or to

1 which persons are committed by law.

2 (11) "Department" means the Department of Public Health of
3 the State of Illinois.

4 (12) "Director" means the Director of the Illinois
5 Department of Public Health.

6 (13) "Licensed health care professional" means a person
7 licensed to practice as a physician, advanced practice
8 registered nurse, or physician assistant in Illinois or any
9 other state.

10 (14) "Licensed mental health professional" means a person
11 who is licensed or registered to provide mental health
12 services by the Department of Financial and Professional
13 Regulation or a board of registration duly authorized to
14 register or grant licenses to persons engaged in the practice
15 of providing mental health services in Illinois or any other
16 state.

17 (15) "Intersex condition" means a condition in which a
18 person is born with a reproductive or sexual anatomy or
19 chromosome pattern that does not fit typical definitions of
20 male or female.

21 (16) "Homeless person" means an individual who meets the
22 definition of "homeless" under Section 103 of the federal
23 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an
24 individual residing in any of the living situations described
25 in 42 U.S.C. 11434a(2).

26 (17) "Advanced practice registered nurse" means: (i) an

1 advanced practice registered nurse with full practice
2 authority; or (ii) an advanced practice registered nurse with
3 a collaborative agreement with a physician who has delegated
4 the completion of death certificates.

5 (18) "Certifying health care professional" means a
6 physician, physician assistant, or advanced practice
7 registered nurse.

8 (19) "Physician assistant" means a physician assistant who
9 practices in accordance with a written collaborative agreement
10 that includes the completion of death certificates.

11 (Source: P.A. 101-13, eff. 6-12-19; 102-257, eff. 1-1-22;
12 102-844, eff. 1-1-23.)

13 Section 5-155. The Environmental Protection Act is amended
14 by changing Section 56.1 as follows:

15 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

16 Sec. 56.1. Acts prohibited.

17 (A) No person shall:

18 (a) Cause or allow the disposal of any potentially
19 infectious medical waste. Sharps may be disposed in any
20 landfill permitted by the Agency under Section 21 of this
21 Act to accept municipal waste for disposal, if both:

22 (1) the infectious potential has been eliminated
23 from the sharps by treatment; and

24 (2) the sharps are packaged in accordance with

1 Board regulations.

2 (b) Cause or allow the delivery of any potentially
3 infectious medical waste for transport, storage,
4 treatment, or transfer except in accordance with Board
5 regulations.

6 (c) Beginning July 1, 1992, cause or allow the
7 delivery of any potentially infectious medical waste to a
8 person or facility for storage, treatment, or transfer
9 that does not have a permit issued by the agency to receive
10 potentially infectious medical waste, unless no permit is
11 required under subsection (g) (1).

12 (d) Beginning July 1, 1992, cause or allow the
13 delivery or transfer of any potentially infectious medical
14 waste for transport unless:

15 (1) the transporter has a permit issued by the
16 Agency to transport potentially infectious medical
17 waste, or the transporter is exempt from the permit
18 requirement set forth in subsection (f) (1).

19 (2) a potentially infectious medical waste
20 manifest is completed for the waste if a manifest is
21 required under subsection (h).

22 (e) Cause or allow the acceptance of any potentially
23 infectious medical waste for purposes of transport,
24 storage, treatment, or transfer except in accordance with
25 Board regulations.

26 (f) Beginning July 1, 1992, conduct any potentially

1 infectious medical waste transportation operation:

2 (1) Without a permit issued by the Agency to
3 transport potentially infectious medical waste. No
4 permit is required under this provision (f) (1) for:

5 (A) a person transporting potentially
6 infectious medical waste generated solely by that
7 person's activities;

8 (B) noncommercial transportation of less than
9 50 pounds of potentially infectious medical waste
10 at any one time; or

11 (C) the U.S. Postal Service.

12 (2) In violation of any condition of any permit
13 issued by the Agency under this Act.

14 (3) In violation of any regulation adopted by the
15 Board.

16 (4) In violation of any order adopted by the Board
17 under this Act.

18 (g) Beginning July 1, 1992, conduct any potentially
19 infectious medical waste treatment, storage, or transfer
20 operation:

21 (1) without a permit issued by the Agency that
22 specifically authorizes the treatment, storage, or
23 transfer of potentially infectious medical waste. No
24 permit is required under this subsection (g) or
25 subsection (d) (1) of Section 21 for any:

26 (A) Person conducting a potentially infectious

1 medical waste treatment, storage, or transfer
2 operation for potentially infectious medical waste
3 generated by the person's own activities that are
4 treated, stored, or transferred within the site
5 where the potentially infectious medical waste is
6 generated.

7 (B) Hospital that treats, stores, or transfers
8 only potentially infectious medical waste
9 generated by its own activities or by members of
10 its medical staff.

11 (C) Sharps collection station that is operated
12 in accordance with Section 56.7.

13 (2) in violation of any condition of any permit
14 issued by the Agency under this Act.

15 (3) in violation of any regulation adopted by the
16 Board.

17 (4) In violation of any order adopted by the Board
18 under this Act.

19 (h) Transport potentially infectious medical waste
20 unless the transporter carries a completed potentially
21 infectious medical waste manifest. No manifest is required
22 for the transportation of:

23 (1) potentially infectious medical waste being
24 transported by generators who generated the waste by
25 their own activities, when the potentially infectious
26 medical waste is transported within or between sites

1 or facilities owned, controlled, or operated by that
2 person;

3 (2) less than 50 pounds of potentially infectious
4 medical waste at any one time for a noncommercial
5 transportation activity; or

6 (3) potentially infectious medical waste by the
7 U.S. Postal Service.

8 (i) Offer for transportation, transport, deliver,
9 receive, or accept potentially infectious medical waste
10 for which a manifest is required, unless the manifest
11 indicates that the fee required under Section 56.4 of this
12 Act has been paid.

13 (j) Beginning January 1, 1994, conduct a potentially
14 infectious medical waste treatment operation at an
15 incinerator in existence on the effective date of this
16 Title in violation of emission standards established for
17 these incinerators under Section 129 of the Clean Air Act
18 (42 USC 7429), as amended.

19 (k) Beginning July 1, 2015, knowingly mix household
20 sharps, including, but not limited to, hypodermic,
21 intravenous, or other medical needles or syringes or other
22 medical household waste containing used or unused sharps,
23 including, but not limited to, hypodermic, intravenous, or
24 other medical needles or syringes or other sharps, with
25 any other material intended for collection as a recyclable
26 material by a residential hauler.

1 (1) Beginning on July 1, 2015, knowingly place
2 household sharps into a container intended for collection
3 by a residential hauler for processing at a recycling
4 center.

5 (B) In making its orders and determinations relative to
6 penalties, if any, to be imposed for violating subdivision
7 (A) (a) of this Section, the Board, in addition to the factors
8 in Sections 33(c) and 42(h) of this Act, or the Court shall
9 take into consideration whether the owner or operator of the
10 landfill reasonably relied on written statements from the
11 person generating or treating the waste that the waste is not
12 potentially infectious medical waste.

13 ~~(C) Notwithstanding subsection (A) or any other provision~~
14 ~~of law, including the Vital Records Act, tissue and products~~
15 ~~from an abortion, as defined in Section 1-10 of the~~
16 ~~Reproductive Health Act, or a miscarriage may be buried,~~
17 ~~entombed, or cremated.~~

18 (Source: P.A. 101-13, eff. 6-12-19.)

19 Section 5-160. The Illinois Vehicle Code is amended by
20 changing Section 2-130 as follows:

21 (625 ILCS 5/2-130)

22 (This Section may contain text from a Public Act with a
23 delayed effective date)

24 Sec. 2-130. User of automated license plate readers;

1 prohibitions.

2 (a) As used in this Section:

3 "Automated license plate reader" or "ALPR" means an
4 electronic device that is mounted on a law enforcement vehicle
5 or positioned in a stationary location and that is capable of
6 recording data on or taking a photograph of a vehicle or its
7 license plate and comparing the collected data and photographs
8 to existing law enforcement databases for investigative
9 purposes. "ALPR" includes a device that is owned or operated
10 by a person or an entity other than a law enforcement agency to
11 the extent that data collected by the reader is shared with a
12 law enforcement agency.

13 "ALPR information" means information gathered by an ALPR
14 or created from the analysis of data generated by an ALPR.

15 "ALPR systems" means multi-agency or vendor agreements
16 that allow the sharing of ALPR information collected in
17 Illinois.

18 "ALPR user" means a person or entity that owns or operates
19 an ALPR device.

20 "Law enforcement agency" means a State or local agency,
21 unit of local government, or private entity charged with the
22 enforcement of State, county, or municipal laws or with
23 managing custody of detained persons in any state or
24 jurisdiction.

25 (b) An ALPR user shall not sell, share, allow access to, or
26 transfer ALPR information to any state or local jurisdiction

1 for the purpose of investigating or enforcing a law that:

2 (1) (blank) ~~denies or interferes with a person's right~~
3 ~~to choose or obtain reproductive health care services or~~
4 ~~any lawful health care services as defined by the Lawful~~
5 ~~Health Care Activity Act; or~~

6 (2) permits the detention or investigation of a person
7 based on the person's immigration status.

8 (c) Any ALPR user in this State, including any law
9 enforcement agency of this State that uses ALPR systems, shall
10 not share ALPR information with an out-of-state law
11 enforcement agency without first obtaining a written
12 declaration from the out-of-state law enforcement agency that
13 it expressly affirms that ALPR information obtained shall not
14 be used in a manner that violates subsection (b). If a written
15 declaration of affirmation is not executed, the law
16 enforcement agency shall not share the ALPR information with
17 the out-of-state law enforcement agency.

18 (d) ALPR information shall be held confidentially to the
19 fullest extent permitted by law.

20 (e) (Blank). ~~Nothing in this Act shall define or limit any~~
21 ~~rights under the Reproductive Health Act.~~

22 (Source: P.A. 103-540, eff. 1-1-24.)

23 Section 5-165. The Criminal Code of 2012 is amended by
24 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

1 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

2 Sec. 9-1.2. Intentional homicide of an unborn child.

3 (a) A person commits the offense of intentional homicide
4 of an unborn child if, in performing acts which cause the death
5 of an unborn child, he without lawful justification:

6 (1) either intended to cause the death of or do great
7 bodily harm to the pregnant woman individual or her unborn
8 child or knew that such acts would cause death or great
9 bodily harm to the pregnant woman individual or her unborn
10 child; or

11 (2) knew that his acts created a strong probability of
12 death or great bodily harm to the pregnant woman
13 ~~individual~~ or her unborn child; and

14 (3) knew that the woman individual was pregnant.

15 (b) For purposes of this Section, (1) "unborn child" shall
16 mean any individual of the human species from fertilization
17 ~~the implantation of an embryo~~ until birth, and (2) "person"
18 shall not include the pregnant woman whose unborn child is
19 killed.

20 (c) This Section shall not apply to acts which cause the
21 death of an unborn child if those acts were committed during
22 any abortion, as defined in Section 1-5 of the Illinois
23 Abortion Law of 2024 ~~1-10 of the Reproductive Health Act~~, to
24 which the pregnant woman individual has consented. This
25 Section shall not apply to acts which were committed pursuant
26 to usual and customary standards of medical practice during

1 diagnostic testing or therapeutic treatment.

2 (d) Penalty. The sentence for intentional homicide of an
3 unborn child shall be the same as for first degree murder,
4 except that:

5 (1) (blank);

6 (2) if the person committed the offense while armed
7 with a firearm, 15 years shall be added to the term of
8 imprisonment imposed by the court;

9 (3) if, during the commission of the offense, the
10 person personally discharged a firearm, 20 years shall be
11 added to the term of imprisonment imposed by the court;

12 (4) if, during the commission of the offense, the
13 person personally discharged a firearm that proximately
14 caused great bodily harm, permanent disability, permanent
15 disfigurement, or death to another person, 25 years or up
16 to a term of natural life shall be added to the term of
17 imprisonment imposed by the court.

18 (e) The provisions of this Act shall not be construed to
19 prohibit the prosecution of any person under any other
20 provision of law.

21 (Source: P.A. 103-51, eff. 1-1-24.)

22 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

23 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child.

24 (a) A person who kills an unborn child without lawful
25 justification commits voluntary manslaughter of an unborn

1 child if at the time of the killing he is acting under a sudden
2 and intense passion resulting from serious provocation by
3 another whom the offender endeavors to kill, but he
4 negligently or accidentally causes the death of the unborn
5 child.

6 Serious provocation is conduct sufficient to excite an
7 intense passion in a reasonable person.

8 (b) A person who intentionally or knowingly kills an
9 unborn child commits voluntary manslaughter of an unborn child
10 if at the time of the killing he believes the circumstances to
11 be such that, if they existed, would justify or exonerate the
12 killing under the principles stated in Article 7 of this Code,
13 but his belief is unreasonable.

14 (c) Sentence. Voluntary Manslaughter of an unborn child is
15 a Class 1 felony.

16 (d) For purposes of this Section, (1) "unborn child" shall
17 mean any individual of the human species from fertilization
18 ~~the implantation of an embryo~~ until birth, and (2) "person"
19 shall not include the pregnant woman ~~individual~~ whose unborn
20 child is killed.

21 (e) This Section shall not apply to acts which cause the
22 death of an unborn child if those acts were committed during
23 any abortion, as defined in Section 1-5 of the Illinois
24 Abortion Law of 2024 ~~1-10 of the Reproductive Health Act~~, to
25 which the pregnant woman ~~individual~~ has consented. This
26 Section shall not apply to acts which were committed pursuant

1 to usual and customary standards of medical practice during
2 diagnostic testing or therapeutic treatment.

3 (Source: P.A. 101-13, eff. 6-12-19.)

4 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

5 Sec. 9-3.2. Involuntary manslaughter and reckless homicide
6 of an unborn child.

7 (a) A person who unintentionally kills an unborn child
8 without lawful justification commits involuntary manslaughter
9 of an unborn child if his acts whether lawful or unlawful which
10 cause the death are such as are likely to cause death or great
11 bodily harm to some individual, and he performs them
12 recklessly, except in cases in which the cause of death
13 consists of the driving of a motor vehicle, in which case the
14 person commits reckless homicide of an unborn child.

15 (b) Sentence.

16 (1) Involuntary manslaughter of an unborn child is a
17 Class 3 felony.

18 (2) Reckless homicide of an unborn child is a Class 3
19 felony.

20 (c) For purposes of this Section, (1) "unborn child" shall
21 mean any individual of the human species from fertilization
22 ~~the implantation of an embryo~~ until birth, and (2) "person"
23 shall not include the pregnant woman ~~individual~~ whose unborn
24 child is killed.

25 (d) This Section shall not apply to acts which cause the

1 death of an unborn child if those acts were committed during
2 any abortion, as defined in Section 1-5 of the Illinois
3 Abortion Law of 2024 ~~1-10 of the Reproductive Health Act~~, to
4 which the pregnant woman ~~individual~~ has consented. This
5 Section shall not apply to acts which were committed pursuant
6 to usual and customary standards of medical practice during
7 diagnostic testing or therapeutic treatment.

8 (e) The provisions of this Section shall not be construed
9 to prohibit the prosecution of any person under any other
10 provision of law, nor shall it be construed to preclude any
11 civil cause of action.

12 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

13 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

14 Sec. 12-3.1. Battery of an unborn child; aggravated
15 battery of an unborn child.

16 (a) A person commits battery of an unborn child if he or
17 she knowingly without legal justification and by any means
18 causes bodily harm to an unborn child.

19 (a-5) A person commits aggravated battery of an unborn
20 child when, in committing a battery of an unborn child, he or
21 she knowingly causes great bodily harm or permanent disability
22 or disfigurement to an unborn child.

23 (b) For purposes of this Section, (1) "unborn child" shall
24 mean any individual of the human species from fertilization
25 ~~the implantation of an embryo~~ until birth, and (2) "person"

1 shall not include the pregnant woman ~~individual~~ whose unborn
2 child is harmed.

3 (c) Sentence. Battery of an unborn child is a Class A
4 misdemeanor. Aggravated battery of an unborn child is a Class
5 2 felony.

6 (d) This Section shall not apply to acts which cause
7 bodily harm to an unborn child if those acts were committed
8 during any abortion, as defined in Section 1-5 of the Illinois
9 Abortion Law of 2024 ~~1-10 of the Reproductive Health Act~~, to
10 which the pregnant woman ~~individual~~ has consented. This
11 Section shall not apply to acts which were committed pursuant
12 to usual and customary standards of medical practice during
13 diagnostic testing or therapeutic treatment.

14 (Source: P.A. 101-13, eff. 6-12-19.)

15 Section 5-170. The Uniform Act to Secure the Attendance of
16 Witnesses from Within or Without a State in Criminal
17 Proceedings is amended by changing Section 2 as follows:

18 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

19 Sec. 2. Summoning witness in this State ~~state~~ to testify
20 in another state.

21 If a judge of a court of record in any state which by its
22 laws has made provision for commanding persons within that
23 state to attend and testify in this State ~~state~~ certifies
24 under the seal of such court that there is a criminal

1 prosecution pending in such court, or that a grand jury
2 investigation has commenced or is about to commence, that a
3 person being within this State ~~state~~ is a material witness in
4 such prosecution, or grand jury investigation, and his
5 presence will be required for a specified number of days, upon
6 presentation of such certificate to any judge of a court in the
7 county in which such person is, such judge shall fix a time and
8 place for a hearing, and shall make an order directing the
9 witness to appear at a time and place certain for the hearing.

10 If at a hearing the judge determines that the witness is
11 material and necessary, that it will not cause undue hardship
12 to the witness to be compelled to attend and testify in the
13 prosecution or a grand jury investigation in the other state,
14 and that the laws of the state in which the prosecution is
15 pending, or grand jury investigation has commenced or is about
16 to commence (and of any other state through which the witness
17 may be required to pass by ordinary course of travel), will
18 give to him protection from arrest and the service of civil and
19 criminal process, he shall issue a summons, with a copy of the
20 certificate attached, directing the witness to attend and
21 testify in the court where the prosecution is pending, or
22 where a grand jury investigation has commenced or is about to
23 commence at a time and place specified in the summons. In any
24 such hearing the certificate shall be prima facie evidence of
25 all the facts stated therein.

26 If said certificate recommends that the witness be taken

1 into immediate custody and delivered to an officer of the
2 requesting state to assure his attendance in the requesting
3 state, such judge may, in lieu of notification of the hearing,
4 direct that such witness be forthwith brought before him for
5 said hearing; and the judge at the hearing being satisfied of
6 the desirability of such custody and delivery, for which
7 determination the certificate shall be prima facie proof of
8 such desirability may, in lieu of issuing subpoena or summons,
9 order that said witness be forthwith taken into custody and
10 delivered to an officer of the requesting state.

11 ~~No subpoena, summons, or order shall be issued for a~~
12 ~~witness to provide information or testimony in relation to any~~
13 ~~proceeding if the charge is based on conduct that involves~~
14 ~~lawful health care activity, as defined by the Lawful Health~~
15 ~~Care Activity Act, that is not unlawful under the laws of this~~
16 ~~State. This limitation does not apply for the purpose of~~
17 ~~complying with obligations under Brady v. Maryland (373 U.S.~~
18 ~~83) or Giglio v. United States (405 U.S. 150).~~

19 If the witness, who is summoned as above provided, after
20 being paid or tendered by some properly authorized person the
21 sum of 10 cents a mile for each mile by the ordinary travel
22 route to and from the court where the prosecution is pending
23 and five dollars for each day that he is required to travel and
24 attend as a witness, fails without good cause to attend and
25 testify as directed in the summons, he shall be punished in the
26 manner provided for the punishment of any witness who disobeys

1 a summons issued from a court in this state.

2 (Source: P.A. 102-1117, eff. 1-13-23.)

3 Section 5-175. The Uniform Criminal Extradition Act is
4 amended by changing Section 6 as follows:

5 (725 ILCS 225/6) (from Ch. 60, par. 23)

6 Sec. 6. Extradition of persons not present in demanding
7 state at time of commission of crime.

8 The Governor of this State may also surrender, on demand
9 of the Executive Authority of any other state, any person in
10 this State charged in such other state in the manner provided
11 in Section 3 with committing an act in this State, or in a
12 third state, intentionally resulting in a crime in the state
13 whose Executive Authority is making the demand. ~~However, the~~
14 ~~Governor of this State shall not surrender such a person if the~~
15 ~~charge is based on conduct that involves seeking, providing,~~
16 ~~receiving, assisting in seeking, providing, or receiving,~~
17 ~~providing material support for, or traveling to obtain lawful~~
18 ~~health care, as defined by Section 28-10 of the Lawful Health~~
19 ~~Care Activity Act, that is not unlawful under the laws of this~~
20 ~~State, including a charge based on any theory of vicarious,~~
21 ~~joint, several, or conspiracy liability.~~

22 (Source: P.A. 102-1117, eff. 1-13-23.)

23 Section 5-180. The Code of Civil Procedure is amended by

1 changing Section 8-802 and by adding Section 11-107.1a as
2 follows:

3 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

4 Sec. 8-802. Physician and patient. No physician or surgeon
5 shall be permitted to disclose any information he or she may
6 have acquired in attending any patient in a professional
7 character, necessary to enable him or her professionally to
8 serve the patient, except only (1) in trials for homicide when
9 the disclosure relates directly to the fact or immediate
10 circumstances of the homicide, (2) in actions, civil or
11 criminal, against the physician for malpractice, (3) with the
12 expressed consent of the patient, or in case of his or her
13 death or disability, of his or her personal representative or
14 other person authorized to sue for personal injury or of the
15 beneficiary of an insurance policy on his or her life, health,
16 or physical condition, or as authorized by Section 8-2001.5,
17 (4) in all actions brought by or against the patient, his or
18 her personal representative, a beneficiary under a policy of
19 insurance, or the executor or administrator of his or her
20 estate wherein the patient's physical or mental condition is
21 an issue, (5) upon an issue as to the validity of a document as
22 a will of the patient, (6) in any criminal action where the
23 charge is either first degree murder by abortion, attempted
24 abortion, or abortion ~~(blank)~~, (7) in actions, civil or
25 criminal, arising from the filing of a report in compliance

1 with the Abused and Neglected Child Reporting Act, (8) to any
2 department, agency, institution, or facility which has custody
3 of the patient pursuant to State statute or any court order of
4 commitment, (9) in prosecutions where written results of blood
5 alcohol tests are admissible pursuant to Section 11-501.4 of
6 the Illinois Vehicle Code, (10) in prosecutions where written
7 results of blood alcohol tests are admissible under Section
8 5-11a of the Boat Registration and Safety Act, (11) in
9 criminal actions arising from the filing of a report of
10 suspected terrorist offense in compliance with Section
11 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the
12 issuance of a subpoena pursuant to Section 38 of the Medical
13 Practice Act of 1987; the issuance of a subpoena pursuant to
14 Section 25.1 of the Illinois Dental Practice Act; the issuance
15 of a subpoena pursuant to Section 22 of the Nursing Home
16 Administrators Licensing and Disciplinary Act; or the issuance
17 of a subpoena pursuant to Section 25.5 of the Workers'
18 Compensation Act, (13) upon the issuance of a grand jury
19 subpoena pursuant to Article 112 of the Code of Criminal
20 Procedure of 1963, or (14) to or through a health information
21 exchange, as that term is defined in Section 2 of the Mental
22 Health and Developmental Disabilities Confidentiality Act, in
23 accordance with State or federal law.

24 Upon disclosure under item (13) of this Section, in any
25 criminal action where the charge is domestic battery,
26 aggravated domestic battery, or an offense under Article 11 of

1 the Criminal Code of 2012 or where the patient is under the age
2 of 18 years or upon the request of the patient, the State's
3 Attorney shall petition the court for a protective order
4 pursuant to Supreme Court Rule 415.

5 In the event of a conflict between the application of this
6 Section and the Mental Health and Developmental Disabilities
7 Confidentiality Act to a specific situation, the provisions of
8 the Mental Health and Developmental Disabilities
9 Confidentiality Act shall control.

10 (Source: P.A. 101-13, eff. 6-12-19.)

11 (735 ILCS 5/11-107.1a new)

12 Sec. 11-107.1a. Injunctive relief for the father of an
13 unborn child in an abortion related decision by the mother. In
14 any case when a married woman wishes to have an abortion
15 performed upon her, and her spouse, who is the father of the
16 unborn child, is opposed to the performance of that abortion,
17 a court may hear testimony from both parties and balance the
18 rights and interests of those parties.

19 When the interests of the husband in preventing the
20 abortion outweigh those of the wife in having an abortion
21 performed after the unborn child is viable, the court may
22 issue an injunction against the performance of the abortion
23 but only where the court makes a finding that the mother's life
24 or physical health are not in danger.

1 Section 5-185. The Uniform Interstate Depositions and
2 Discovery Act is amended by changing Section 3 as follows:

3 (735 ILCS 35/3)

4 Sec. 3. Issuance of subpoena.

5 (a) To request issuance of a subpoena under this Section,
6 a party must submit a foreign subpoena to a clerk of court in
7 the county in which discovery is sought to be conducted in this
8 State. A request for the issuance of a subpoena under this Act
9 does not constitute an appearance in the courts of this State.

10 (b) When a party submits a foreign subpoena to a clerk of
11 court in this State, the clerk, in accordance with that
12 court's procedure, shall promptly issue a subpoena for service
13 upon the person to which the foreign subpoena is directed
14 ~~unless issuance is prohibited by Section 3.5.~~

15 (c) A subpoena under subsection (b) must:

16 (A) incorporate the terms used in the foreign
17 subpoena; and

18 (B) contain or be accompanied by the names, addresses,
19 and telephone numbers of all counsel of record in the
20 proceeding to which the subpoena relates and of any party
21 not represented by counsel.

22 (Source: P.A. 102-1117, eff. 1-13-23.)

23 Section 5-190. The Wrongful Death Act is amended by
24 changing Section 2.2 as follows:

1 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

2 Sec. 2.2. The state of gestation or development of a human
3 being when an injury is caused, when an injury takes effect, or
4 at death, shall not foreclose maintenance of any cause of
5 action under the law of this State arising from the death of a
6 human being caused by wrongful act, neglect or default.

7 There shall be no cause of action against a physician or a
8 medical institution ~~health care professional, a medical~~
9 ~~institution, or the pregnant person~~ for the wrongful death of
10 a fetus caused by an abortion where the abortion was permitted
11 by law and the requisite consent was lawfully given. Provided,
12 however, that a cause of action is not prohibited where the
13 fetus is live-born but subsequently dies.

14 There shall be no cause of action against a physician or a
15 medical institution for the wrongful death of a fetus based on
16 the alleged misconduct of the physician or medical institution
17 where the defendant did not know and, under the applicable
18 standard of good medical care, had no medical reason to know of
19 the pregnancy of the mother of the fetus.

20 (Source: P.A. 102-1117, eff. 1-13-23.)

21 Section 5-195. The Health Care Right of Conscience Act is
22 amended by changing Section 3 as follows:

23 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

1 Sec. 3. Definitions. As used in this Act, unless the
2 context clearly otherwise requires:

3 (a) "Health care" means any phase of patient care,
4 including, but not limited to, testing; diagnosis;
5 prognosis; ancillary research; instructions; family
6 planning, counselling, referrals, or any other advice in
7 connection with the use or procurement of contraceptives
8 and sterilization or abortion procedures; medication; or
9 surgery or other care or treatment rendered by a physician
10 or physicians, nurses, paraprofessionals, or health care
11 facility, intended for the physical, emotional, and mental
12 well-being of persons; ~~or an abortion as defined by the~~
13 ~~Reproductive Health Act;~~

14 (b) "Physician" means any person who is licensed by
15 the State of Illinois under the Medical Practice Act of
16 1987;

17 (c) "Health care personnel" means any nurse, nurses'
18 aide, medical school student, professional,
19 paraprofessional, or any other person who furnishes, or
20 assists in the furnishing of, health care services;

21 (d) "Health care facility" means any public or private
22 hospital, clinic, center, medical school, medical training
23 institution, laboratory or diagnostic facility,
24 physician's office, infirmary, dispensary, ambulatory
25 surgical treatment center, or other institution or
26 location wherein health care services are provided to any

1 person, including physician organizations and
2 associations, networks, joint ventures, and all other
3 combinations of those organizations;

4 (e) "Conscience" means a sincerely held set of moral
5 convictions arising from belief in and relation to God, or
6 which, though not so derived, arises from a place in the
7 life of its possessor parallel to that filled by God among
8 adherents to religious faiths;

9 (f) "Health care payer" means a health maintenance
10 organization, insurance company, management services
11 organization, or any other entity that pays for or
12 arranges for the payment of any health care or medical
13 care service, procedure, or product; and

14 (g) "Undue delay" means unreasonable delay that causes
15 impairment of the patient's health.

16 The above definitions include not only the traditional
17 combinations and forms of these persons and organizations but
18 also all new and emerging forms and combinations of these
19 persons and organizations.

20 (Source: P.A. 101-13, eff. 6-12-19.)

21 Section 5-200. The Illinois Parentage Act of 2015 is
22 amended by changing Sections 704 and 709 as follows:

23 (750 ILCS 46/704)

24 Sec. 704. Withdrawal of consent of intended parent or

1 donor. An intended parent or donor may withdraw consent to use
2 his or her gametes in a writing or legal pleading with notice
3 to the other participants. An intended parent who withdraws
4 consent under this Section prior to the insemination or embryo
5 transfer is not a parent of any resulting child. If a donor
6 withdraws consent to his or her donation prior to the
7 insemination or the combination of gametes, the intended
8 parent is not the parent of any resulting child. ~~If the~~
9 ~~intended parent or parents no longer wish to use any remaining~~
10 ~~eryopreserved fertilized ovum for medical purposes, the terms~~
11 ~~of the most recent informed consent of the intended parent or~~
12 ~~parents executed at the fertility center or a marital~~
13 ~~settlement agreement under a judgment of dissolution of~~
14 ~~marriage, judgment of legal separation, or judgment of~~
15 ~~dissolution of civil union governs the disposition of the~~
16 ~~fertilized ovum.~~

17 (Source: P.A. 102-1117, eff. 1-13-23.)

18 (750 ILCS 46/709)

19 Sec. 709. Establishment of parentage; requirements of
20 Gestational Surrogacy Act.

21 (a) In the event of gestational surrogacy, in addition to
22 the requirements of the Gestational Surrogacy Act, a
23 parent-child relationship is established between a person and
24 a child if all of the following conditions are met prior to the
25 birth of the child:

1 (1) The gestational surrogate certifies that she did
2 not provide a gamete for the child, and that she is
3 carrying the child for the intended parents.

4 (2) The spouse, if any, of the gestational surrogate
5 certifies that he or she did not provide a gamete for the
6 child.

7 (3) Each intended parent, ~~or the parent's legally~~
8 ~~authorized designee if an intended parent dies,~~ certifies
9 that the child being carried by the gestational surrogate
10 was conceived using at least one of the intended parents'
11 gametes.

12 (4) A physician ~~licensed in the state in which the~~
13 ~~fertilized ovum was inseminated or transferred to the~~
14 ~~gestational surrogate~~ certifies that the child being
15 carried by the gestational surrogate was conceived using
16 the gamete or gametes of at least one of the intended
17 parents, and that neither the gestational surrogate nor
18 the gestational surrogate's spouse, if any, provided
19 gametes for the child being carried by the gestational
20 surrogate.

21 (5) The attorneys for the intended parents and the
22 gestational surrogate each certify that the parties
23 entered into a gestational surrogacy agreement intended to
24 satisfy the requirements of the Gestational Surrogacy Act.

25 (b) All certifications under this Section shall be in
26 writing and witnessed by 2 competent adults who are not the

1 gestational surrogate, gestational surrogate's spouse, if any,
2 or an intended parent. Certifications shall be on forms
3 prescribed by the Illinois Department of Public Health and
4 shall be executed prior to the birth of the child. All
5 certifications shall be provided, prior to the birth of the
6 child, to both the hospital where the gestational surrogate
7 anticipates the delivery will occur and to the Illinois
8 Department of Public Health.

9 (c) Parentage established in accordance with this Section
10 has the full force and effect of a judgment entered under this
11 Act.

12 (d) The Illinois Department of Public Health shall adopt
13 rules to implement this Section.

14 (Source: P.A. 102-1117, eff. 1-13-23.)

15 Section 5-205. The Rights of Married Persons Act is
16 amended by changing Section 15 as follows:

17 (750 ILCS 65/15) (from Ch. 40, par. 1015)

18 Sec. 15. (a)(1) The expenses of the family and of the
19 education of the children shall be chargeable upon the
20 property of both husband and wife, or of either of them, in
21 favor of creditors therefor, and in relation thereto they may
22 be sued jointly or separately.

23 (2) No creditor, who has a claim against a spouse or former
24 spouse for an expense incurred by that spouse or former spouse

1 which is not a family expense, shall maintain an action
2 against the other spouse or former spouse for that expense
3 except:

4 (A) an expense for which the other spouse or former spouse
5 agreed, in writing, to be liable; or

6 (B) an expense for goods or merchandise purchased by or in
7 the possession of the other spouse or former spouse, or for
8 services ordered by the other spouse or former spouse.

9 (3) Any creditor who maintains an action in violation of
10 this subsection (a) for an expense other than a family expense
11 against a spouse or former spouse other than the spouse or
12 former spouse who incurred the expense, shall be liable to the
13 other spouse or former spouse for his or her costs, expenses,
14 and attorney's fees incurred in defending the action.

15 (4) No creditor shall, with respect to any claim against a
16 spouse or former spouse for which the creditor is prohibited
17 under this subsection (a) from maintaining an action against
18 the other spouse or former spouse, engage in any collection
19 efforts against the other spouse or former spouse, including,
20 but not limited to, informal or formal collection attempts,
21 referral of the claim to a collector or collection agency for
22 collection from the other spouse or former spouse, or making
23 any representation to a credit reporting agency that the other
24 spouse or former spouse is any way liable for payment of the
25 claim.

26 (b) No spouse shall be liable for any expense incurred by

1 the other spouse when an abortion is performed on such spouse,
2 without the consent of such other spouse, unless the physician
3 who performed the abortion certifies that such abortion is
4 necessary to preserve the life of the spouse who obtained such
5 abortion. (Blank).

6 (c) No parent shall be liable for any expense incurred by
7 his or her minor child when an abortion is performed on such
8 minor child without the consent of both parents of such child,
9 if they both have custody, or the parent having custody, or
10 legal guardian of such child, unless the physician who
11 performed the abortion certifies that such abortion is
12 necessary to preserve the life of the minor child who obtained
13 such abortion. (Blank).

14 (Source: P.A. 101-13, eff. 6-12-19.)

15 Section 5-210. The Consumer Fraud and Deceptive Business
16 Practices Act is amended by changing Section 2BBBB as follows:

17 (815 ILCS 505/2BBBB)

18 Sec. 2BBBB. Deceptive practices related to limited
19 services pregnancy centers.

20 (a) As used in this Section:

21 "Abortion" means the use of any instrument, medicine,
22 drug, or any other substance or device to terminate the
23 pregnancy of an individual known to be pregnant with an
24 intention other than to increase the probability of a live

1 birth, to preserve the life or health of the child after live
2 birth, or to remove a dead fetus, ~~as defined in Section 1-10 of~~
3 ~~the Reproductive Health Act.~~

4 "Affiliates" has the meaning given to the term "hospital
5 affiliate" as defined in subsection (b) of Section 10.8 of the
6 Hospital Licensing Act.

7 "Emergency contraception" means one or more prescription
8 drugs (i) used separately or in combination for the purpose of
9 preventing pregnancy, (ii) administered to or
10 self-administered by a patient within a medically recommended
11 amount of time after sexual intercourse, and (iii) dispensed
12 for such purpose in accordance with professional standards of
13 practice.

14 "Limited services pregnancy center" means an organization
15 or facility, including a mobile facility, that:

16 (1) does not directly provide abortions or provide or
17 prescribe emergency contraception, or provide referrals
18 for abortions or emergency contraception, and has no
19 affiliation with any organization or provider who provides
20 abortions or provides or prescribes emergency
21 contraception; and

22 (2) has a primary purpose to offer or provide
23 pregnancy-related services to an individual who is or has
24 reason to believe the individual may be pregnant, whether
25 or not a fee is charged for such services.

26 "Limited services pregnancy center" does not include:

1 (1) a health care professional licensed by the
2 Department of Financial and Professional Regulation;

3 (2) a hospital licensed under the Hospital Licensing
4 Act and its affiliates; or

5 (3) a hospital licensed under the University of
6 Illinois Hospital Act and its affiliates.

7 "Limited services pregnancy center" includes an organization
8 or facility that has employees, volunteers, or agents who are
9 health care professionals licensed by the Department of
10 Financial and Professional Regulation.

11 "Pregnancy-related services" means any medical service, or
12 health counseling service, related to the prevention,
13 preservation, or termination of pregnancy, including, but not
14 limited to, contraception and contraceptive counseling,
15 pregnancy testing, pregnancy diagnosis, pregnancy options
16 counseling, limited obstetric ultrasound, obstetric
17 ultrasound, obstetric sonogram, sexually transmitted
18 infections testing, and prenatal care.

19 (b) A limited services pregnancy center shall not engage
20 in unfair methods of competition or unfair or deceptive acts
21 or practices, including the use or employment of any
22 deception, fraud, false pretense, false promise, or
23 misrepresentation, or the concealment, suppression, or
24 omission of any material fact, with the intent that others
25 rely upon the concealment, suppression, or omission of such
26 material fact:

1 (1) to interfere with or prevent an individual from
2 seeking to gain entry or access to a provider of abortion
3 or emergency contraception;

4 (2) to induce an individual to enter or access the
5 limited services pregnancy center;

6 (3) in advertising, soliciting, or otherwise offering
7 pregnancy-related services; or

8 (4) in conducting, providing, or performing
9 pregnancy-related services.

10 (c) A violation of this Section constitutes a violation of
11 this Act.

12 (Source: P.A. 103-270, eff. 7-27-23.)

13 Section 5-215. The Illinois Fertility Fraud Act is amended
14 by changing Section 10 as follows:

15 (815 ILCS 540/10)

16 (This Section may contain text from a Public Act with a
17 delayed effective date)

18 Sec. 10. Definitions. As used in this Act:

19 "Assisted reproductive treatment" means treatment pursuant
20 to assisted reproduction, ~~as defined in the Reproductive~~
21 ~~Health Act,~~ as a method of achieving a pregnancy through the
22 handling of human oocytes, sperm, zygotes, or embryos for the
23 purpose of establishing a pregnancy. "Assisted reproduction"
24 includes, but is not limited to, methods of artificial

1 insemination, in vitro fertilization, embryo transfer, zygote
2 transfer, embryo biopsy, preimplantation genetic diagnosis,
3 embryo cryopreservation, oocyte, gamete, zygote, and embryo
4 donation, and gestational surrogacy.

5 "Embryologist" means a laboratory employee who meets any
6 Clinical Laboratory Improvement Amendments (CLIA) program
7 requirements for laboratory personnel that are required by 42
8 CFR Part 493 or the Illinois Clinical Laboratories Code, and
9 who performs embryology procedures.

10 "Embryology procedures" include:

- 11 (1) culture media preparation and laboratory quality
12 control;
- 13 (2) oocyte isolation and identification;
- 14 (3) oocyte maturity and health status assessment;
- 15 (4) oocyte insemination;
- 16 (5) evaluation of fertilization;
- 17 (6) zygote quality assessment;
- 18 (7) embryo culture and grading;
- 19 (8) embryo transfer;
- 20 (9) gamete or embryo cryopreservation; and
- 21 (10) micromanipulation of gametes or embryos,
22 including intracytoplasmic sperm injection, assisted
23 hatching, and embryo biopsy.

24 "Health care" means any phase of patient care, including,
25 but not limited to: testing; diagnosis; prognosis; ancillary
26 research; instructions; assisted reproduction; family

1 planning, counseling, referrals, or any other advice in
2 connection with conception; surgery or other care or treatment
3 rendered by a physician, nurse, paraprofessional, or health
4 care facility, intended for the physical, emotional, and
5 mental well-being of persons.

6 "Health care provider" means a physician, physician
7 assistant, advanced practice registered nurse, registered
8 nurse, licensed practical nurse, any individual licensed under
9 the laws of this State to provide health care, or any
10 individual who handles human reproductive material in a health
11 care setting.

12 "Human reproductive material" means:

13 (1) a human spermatozoon or ovum; or

14 (2) a human organism at any stage of development from
15 fertilized ovum to embryo.

16 "In vitro fertilization" means all medical and laboratory
17 procedures that are necessary to effectuate the extracorporeal
18 fertilization of egg and sperm.

19 "Intended parent" means a person who enters into an
20 assisted reproductive technology arrangement, including a
21 gestational surrogacy arrangement, under which he or she will
22 be the legal parent of the resulting child.

23 "Laboratory" means a facility for the biological,
24 microbiological, serological, chemical, immunohematological,
25 hematological, biophysical, cytological, pathological, or
26 other examination of materials derived from the human body for

1 the purpose of providing information for the diagnosis,
2 prevention, or treatment of any disease or impairment of, or
3 the assessment of the health of, human beings. These
4 examinations include procedures to determine, measure, or
5 otherwise describe the presence or absence of various
6 substances or organisms in the body. "Laboratory" does not
7 include facilities only collecting or preparing specimens, or
8 both, or only serving as a mailing service and not performing
9 testing.

10 "Physician" means a person licensed to practice medicine
11 in all its branches in this State.

12 (Source: P.A. 103-478, eff. 1-1-24.)

13 Article 6.

14 (5 ILCS 100/5-45.35

15 Section 6-5. The Illinois Administrative Procedure Act is
16 amended by repealing Section 5-45.35 (as added by Public Act
17 102-1117).

18 (20 ILCS 4111/Act rep.)

19 Section 6-10. The Youth Health and Safety Act is repealed.

20 (30 ILCS 105/5.990 rep.)

21 Section 6-15. The State Finance Act is amended by
22 repealing Section 5.990 (as added by Public Act 102-1117).

1 (215 ILCS 5/356z.4a rep.)

2 Section 6-20. The Illinois Insurance Code is amended by
3 repealing Section 356z.4a.

4 (215 ILCS 5/356z.60 rep.)

5 Section 6-25. The Illinois Insurance Code is amended by
6 repealing Section 356z.60.

7 (225 ILCS 95/9.7 rep.)

8 Section 6-30. The Physician Assistant Practice Act of 1987
9 is amended by repealing Section 9.7.

10 (225 ILCS 60/66 rep.)

11 Section 6-35. The Medical Practice Act of 1987 is amended
12 by repealing Section 66.

13 (225 ILCS 65/65-11 rep.)

14 (225 ILCS 65/65-11.5 rep.)

15 Section 6-40. The Nurse Practice Act is amended by
16 repealing Sections 65-11 and 65-11.5.

17 (410 ILCS 185/Act rep.)

18 Section 6-45. The Abortion Care Clinical Training Program
19 Act is repealed.

1 (735 ILCS 35/3.5 rep.)

2 Section 6-50. The Uniform Interstate Depositions and
3 Discovery Act is amended by repealing Section 3.5.

4 (735 ILCS 40/Act rep.)

5 Section 6-55. The Lawful Health Care Activity Act is
6 repealed.

7 (740 ILCS 126/Act rep.)

8 Section 6-60. The Protecting Reproductive Health Care
9 Services Act is repealed.

10 (775 ILCS 55/Act rep.)

11 Section 6-65. The Reproductive Health Act is repealed.

12 Article 99.

13 Section 99-95. No acceleration or delay. Where this Act
14 makes changes in a statute that is represented in this Act by
15 text that is not yet or no longer in effect (for example, a
16 Section represented by multiple versions), the use of that
17 text does not accelerate or delay the taking effect of (i) the
18 changes made by this Act or (ii) provisions derived from any
19 other Public Act.

20 Section 99-99. Effective date. This Act takes effect upon
21 becoming law.

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5 ILCS 140/7

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5 ILCS 140/7.5

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5 ILCS 375/6.11

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20 ILCS 505/5

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20 ILCS 2630/3.2

from Ch. 38, par. 206-3.2

9

55 ILCS 5/3-3013

from Ch. 34, par. 3-3013

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55 ILCS 5/3-4006

from Ch. 34, par. 3-4006

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65 ILCS 5/10-4-2.3

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105 ILCS 5/10-22.3f

14

210 ILCS 5/2

from Ch. 111 1/2, par. 157-8.2

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210 ILCS 5/3

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210 ILCS 5/6.2 new

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210 ILCS 170/5

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210 ILCS 170/30

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215 ILCS 5/356z.3a

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215 ILCS 5/356z.4

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215 ILCS 124/10

22

215 ILCS 125/5-3

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215 ILCS 130/4003

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215 ILCS 165/10

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225 ILCS 6/60

1	225 ILCS 15/15	from Ch. 111, par. 5365
2	225 ILCS 20/19	from Ch. 111, par. 6369
3	225 ILCS 55/85	from Ch. 111, par. 8351-85
4	225 ILCS 60/2	from Ch. 111, par. 4400-2
5	225 ILCS 60/22	from Ch. 111, par. 4400-22
6	225 ILCS 60/23	from Ch. 111, par. 4400-23
7	225 ILCS 60/36	from Ch. 111, par. 4400-36
8	225 ILCS 60/49.5	
9	225 ILCS 65/65-35	was 225 ILCS 65/15-15
10	225 ILCS 65/65-43	
11	225 ILCS 65/65-65	was 225 ILCS 65/15-55
12	225 ILCS 65/70-5	was 225 ILCS 65/10-45
13	225 ILCS 85/30	from Ch. 111, par. 4150
14	225 ILCS 85/30.1	
15	225 ILCS 85/43	
16	225 ILCS 95/7.5	
17	225 ILCS 95/21	from Ch. 111, par. 4621
18	225 ILCS 107/80	
19	225 ILCS 130/75	
20	225 ILCS 135/95	
21	225 ILCS 150/10	
22	225 ILCS 150/15	
23	305 ILCS 5/5-16.8	
24	410 ILCS 70/9.1 new	
25	410 ILCS 210/1.5	
26	410 ILCS 535/1	from Ch. 111 1/2, par. 73-1

1 415 ILCS 5/56.1 from Ch. 111 1/2, par. 1056.1
2 625 ILCS 5/2-130
3 720 ILCS 5/9-1.2 from Ch. 38, par. 9-1.2
4 720 ILCS 5/9-2.1 from Ch. 38, par. 9-2.1
5 720 ILCS 5/9-3.2 from Ch. 38, par. 9-3.2
6 720 ILCS 5/12-3.1 from Ch. 38, par. 12-3.1
7 725 ILCS 220/2 from Ch. 38, par. 156-2
8 725 ILCS 225/6 from Ch. 60, par. 23
9 735 ILCS 5/8-802 from Ch. 110, par. 8-802
10 735 ILCS 5/11-107.1a new
11 735 ILCS 35/3
12 740 ILCS 180/2.2 from Ch. 70, par. 2.2
13 745 ILCS 70/3 from Ch. 111 1/2, par. 5303
14 750 ILCS 46/704
15 750 ILCS 46/709
16 750 ILCS 65/15 from Ch. 40, par. 1015
17 815 ILCS 505/2BBBB
18 815 ILCS 540/10
19 5 ILCS 100/5-45.35
20 20 ILCS 4111/Act rep.
21 30 ILCS 105/5.990 rep.
22 215 ILCS 5/356z.4a rep.
23 215 ILCS 5/356z.60 rep.
24 225 ILCS 95/9.7 rep.
25 225 ILCS 60/66 rep.
26 225 ILCS 65/65-11 rep.

- 1 225 ILCS 65/65-11.5 rep.
- 2 410 ILCS 185/Act rep.
- 3 735 ILCS 35/3.5 rep.
- 4 735 ILCS 40/Act rep.
- 5 740 ILCS 126/Act rep.
- 6 775 ILCS 55/Act rep.